LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

TWENTY-NINTH

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1937.

PRESTON.
Printed by T. Snape & Co. Ltd., Bolton's Court.

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CONTENTS

	Page
Accidents to School Children	62
After-Care (Orthopædic) Centres, Work done in	52, 53
Area, Extent, School Population, etc.	8
Artificial Light Treatment	56—61
Aural Disease	47
Biddulph Grange Hospital	53—55
Blind Children	82, 83, 104
Blind Persons, Education of	84, 85
Child Life Protection	101
Children and Young Persons Act, 1933, Work under	100
Chronic Tonsillitis and Adenoids	31, 32
Closure of Schools	62, 63
Co-operation of Parents, Teachers, etc.	82
Co-ordination with other Health Services	8—10
Crippled Children	49—55, 105
Deaf Children	83, 104
Deaf Persons, Training of	85
Defective Hearing as measured by Gramophone Audiometer (Special Inquiry—Dr. R. W. Eldridge)	98—100
Defective Vision	28, 47, 107
Delicate Children	105
Dental Inspection and Treatment	48, 49, 108
Epileptic Children	83, 105
Exclusions from School	62
Fall of Average Attendance	63
Findings of Routine Medical Inspection	17—19, 90—94
Following-up	35
Health Education	98
Heart Disease	33, 105
Hospital Treatment	44—46
Immunization	63, 64
Impetigo	27
Infectious Diseases	62—64
Meals and Milk, Provision of	72—81
Meals in School, Heating and Service of	81
Medical Inspection of Public Elementary Schools	16—35, 102,103
Medical Inspection of Secondary, etc., Schools	89—97
Mentally Defective Children	83, 104
Minor Ailments, etc.	47, 106
Nose and Throat Defects	107
Nutrition	20—24, 104
Open-Air Education	64, 65
Open-Air School (Residential), Provision of	85—88
Organised Games	68
Orthopædic and Postural Defects	49—55, 107
Orthoptic Treatment of Squint	48
Otitis Media	30
Parents, Co-operation of	82
Parents' Payments	97
Physical Education	65—71
Physical Education from Point of View of School Medical Officer (Paper by Dr. W. C. V. Brothwood)	65—67
Physical Training, Teachers Courses in	67
Physically Defective Children	105, 106
Provision of Meals and Milk	72—81
Re-Inspections	19
Review of Findings	20—35
Rickets	34
Ringworm	26
Scabies	26
School Attendance Officers, Co-operation of	82
School Camps and School Journeys	64, 65
School Clinics	36—43
School Hygiene	11—15
Secondary Schools, Medical Inspection of, etc.	89—92
Special Inquiries	98—100
Squint	29, 47, 48
Swimming	69—71
Teachers, Co-operation of	82
Technical and Continuation Schools, Medical Inspection of, etc.	92—94
Tonsils and Adenoids	31, 32, 47
Treatment, Arrangements for, etc.	35—61, 94—97
Tuberculosis	35, 47, 105
Uncleanliness	25, 108
Visual Acuity	29, 92, 94
Voluntary Bodies, Co-operation of	82

SCHOOL MEDICAL SUB-COMMITTEE.

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Mrs. O. A. Williams, M.A.

Director of Education:
Sir Percy E. Meadon, C.B.E. M.A.

MEDICAL STAFF.

(Jointly with the Public Health Department).

County Medical Officer of Health and School Medical Officer:

F. Hall, M.D., Ch.B., D.P.H., Barrister-at-Law.

Chief Assistant County Medical Officers:

W. C. V. Brothwood, M.A., M.D., Ch.B., M.M.S.A., D.C.O.G., D.P.H.
J. H. Porter, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

G. V. Ashcroft, M.D., Ch.B., M.R.C.P., D.P.H.
L. E. H. R. Barker, B.A., M.B., Ch.B., D.P.H.
R. J. Batty. B.Sc., M.D., Ch.B., D.P.H.
Elsie Catlow, B.Sc., M.B., Ch.B., D.P.H.
Catherine L. Corbett, M.B., Ch.B., D.P.H.
A. C. Crawford, M.B., Ch.B., D.P.H., D.T.M.
R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
L. Fay, M.D., Ch.B., D.P.H.
S. C. Gawne, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.
Winniefred M. Gray, M.A., M.B., Ch.B.. D.P H
T. S. Hall, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
Gladys H. Hutchinson, M.B., Ch.B.
J. R. Jagger, M.B., Ch.B., D.P.H
G. G. Johnstone, *M.C.*, M.A., M.D., B.Ch., D.P.H.
A. B. Kettle, M.D., B.S., M.R.C.P., M.R.C.S., D.P.H.
J. W. Pickup, M.D., Ch.B., D.P.H.
A. V. Stocks, M.A., M.B., B.Ch., D.P.H.
J. A. Tomb, M.B., Ch.B., D.P.H.
C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.
C. Robertson Wilson, M.B., Ch.B., D.P.H.
G. G. Wray, M.D., Ch.B., D.P.H.
S. N. Wright, M.Sc., M.B., Ch.B , D.P.H.

Dental Surgeons:

R. Ackers, L.D.S.
H. J. Appleyard, L.R.C.P. & S., L.R.F.P.S., L.D.S.
Margaret E. Caldwell, L.D.S.
R. G. Clague, L.D.S.
J. B. Davies, L.D.S.
F. J. W. Dewhurst, L.D.S.
S. W. Gee, L.D.S.
R. E. Hodgson, B.D.S.
J. Kershaw, L.M.S.S.A., L.D.S.
W. A. Linnell, L.D.S.
T. G. Lloyd, L.D.S.
I. F. McAsh, L.R.C.P. & S., L.R.C.S., L.R.F.P.S., H.D.D., L.D.S.
F. D. Manners, L.D.S.
E. V. Pollitt, L.D.S.
A. W. Poole, L.D.S.
A. E. Shaw, B.D.S.
T. H. Wignall, L.D.S.
F. W. Williams, B.D.S.

Ophthalmic Surgeons (part-time):

E. Allan, M.B., Ch.B.
T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
J. M. Brodrick, M.R.C.S., L.R.C.P.
H. H. Bywater, M.D., Ch.B., D.Ch.O., F.R.C.S (Edin.).
O. M. Duthie, M.D., Ch.B.
H. Holmes, B.A., M.B., B.Ch.
J. A. McCann, L.R.C.P., L.R.C.S., L.R.F.P.S.
N. MacInnes, M.A., M.B., Ch.B.
J. M. Morrison, M.B., Ch.B.
G. E. Plowright, M.B., Ch.B., D.O.M.S.
G. A. Renwick, M.B., Ch.M.
S. B. Smith M.R.C.S., L.R.C.P., D.O.M.S.
T. Snowball, M.A., M.B., Ch.B.
W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.
J. M. Wishart, M.B., Ch.B., F.R.C.S.(Edin.).

Consultant Orthopædic Surgeons (part-time):

H. Platt, M.D., M.S., F.R.C.S. T. P. McMurray, M.Ch., F.R.C.S.(Edin.).

Orthopædic Surgeons (part time).

E. S. Brentnall, M.B., F.R.C.S.(Edin.).
H. O. Clarke, B.A., M.B., F.R.C.S.
R. S. Garden, M.B., Ch.B., M.Ch. (Orth).
Marguerite F. Johnstone, M.B., Ch.B.
S. M. Milner, M.A., M.B., F.R.C.S.
H. Poston, M.B., M.Ch.
G. E. Thomas, M.B., Ch.B., M.B., B.S., M.Ch. (Orth). F.R.C.S. (Edin.),

School Nurses and Health Visitors:

Mrs. M. Ashton
Mrs. M. R. Beckett
Miss F. H. Bellis
Mrs. A. Birchall
Miss S. Bullough
Mrs. E. Chambers
Miss E. Cubbin
Mrs. A. W. Dewhurst
Mrs. H. M. Dewhurst
Miss H. Dickinson
Miss M. G. Dickinson
Miss M. Dudley
Miss M. Edwards
Miss M. E. Evans
Miss M. Fawcett
Miss A. E. Fry
Miss D. H. Gray
Miss G. E. Gray
Mrs. S. Gray
Miss M. B. Hall
Miss I. Hanes
Miss L. M. Hartley
Miss F. M. Heseltine
Miss D. Higham
Mrs. M. A. Hilton
Miss S. N. Hodgson
Miss A. Holmes
Miss E. Hughes
Miss G. M. Hughes
Mrs. W. Hutchinson
Miss A. D. Irving
Miss M. Lamb
Miss E. M. Lawley
Miss C. E. Laycock
Miss A. Lynch
Miss E. Mares
Miss C. M'Cardell
Miss I. Milne
Miss L. Milner
Miss A. I. Murphy
Mrs. M. O'Connor
Mrs. B. Palin
Miss M. E. Pearse
Miss E. Pope
Miss D. H. Procter
Mrs. L. Read
Miss A. Reeves
Miss M. Rist
Miss M. Robinson
Miss E. Shaw
Miss E. Singleton
Miss M. Singleton
Miss G. Sizer
Miss A. Smith
Mrs. G. Smith
Miss M. Spenceley
Miss E. W. Stewart
Mrs. E. C. Stringer
Mrs. A. Thomas
Miss J. Tomkinson
Miss A. Townend
Mrs. F. M. Tregarthen
Miss F. M. Unsworth
Miss E. A. Walker
Miss A. Walters
Miss M. S. Watson
Miss J. M. Webster
Miss G. J. Wellard
Miss S. E. Wright

Orthopædic Nurses:

Miss M. M. Brennan
Mrs. E. J. Bromley
Miss E. H. Elkington
Mrs. F. Worrall

BIDDULPH GRANGE ORTHOPÆDIC HOSPITAL.

Senior House Surgeon:

F. S. A. Doran, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Junior House Surgeon:

Shirley Taylor, M.D.

Matron:

Miss M. Rochell.

Several staff changes have taken place since the last report was published.

Dr. E. H. Scholefield retired on reaching the age limit; Dr. W. C. V. Brothwood and Dr. J. H. Porter have been appointed Chief Assistant County Medical Officers; Dr. L. Fay, Dr. J. W. Pickup, and Dr. C. H. T. Wade have been appointed as Assistant County Medical Officers. Mr. R. G. Clague has been appointed as an additional Dental Surgeon.

LANCASHIRE

COUNTY COUNCIL.

LANCASHIRE EDUCATION COMMITTEE.

SCHOOL MEDICAL SUB-COMMITTEE.

TWENTY-NINTH

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1937.

INTRODUCTION.

The Board of Education has stated that the School Medical Service is designed to improve the health conditions, both personal and in regard to environment, of the children of the nation, and that it aims at the physical improvement, and as a natural corollary, the mental and moral improvement, of coming generations.

This report for the year 1937 is the twenty-ninth in the series of annual reports published since the introduction of medical inspection in public elementary schools.

The salient features of the report are indicated in the following paragraphs.

The state of nutrition amongst the school children continues to improve. During the year revised menus in keeping with modern knowledge of the science of nutrition were drawn up and sent as guides to all local committees. In so far as subnormal nutrition depends on a lack of suitable food, it is reasonable to expect that the new menus will still further increase the number of children showing a satisfactory state of nutrition.

In one area, owing to a great influx of population from a neighbouring authority, provision for feeding a very large and constantly increasing number of children has to be made. The provision of a central kitchen and dining centre is under consideration.

Every effort is being made to meet the growing demands for advice and treatment which are made on the Service. It has been found necessary to increase the number of School Clinics, and the opportunity has been taken to provide buildings of modern design which offer all necessary facilities. It must be borne in mind that they are also used for such purposes as Maternity and Child Welfare. Elsewhere in the Report details of these new clinics are given.

The movement towards a greater state of physical fitness is evidenced in schools as elsewhere. A greater interest is being taken in physical education and this, together with the additional facilities which are being provided by the Committee, cannot fail to produce a beneficial effect on the children.

At the end of the year the School Medical Sub-Committee considered a Memorandum on the Provision of a Residential Open Air School and a Sub-Committee was appointed to investigate and report.

The attendance of parents at medical inspections shows a tendency to increase, and in certain areas where special invitations were extended to parents to attend the results have been very encouraging. It is intended to extend a special invitation to the parents of all children who are undergoing examination, as it is considered that the advice given by the Medical Officer with regard to school children is reflected in the home in the more careful up-bringing of children not yet attending school, and is in this way a truly preventive measure.

AREA AND EXTENT, NUMBER OF SCHOOLS, SCHOOL POPULATION.

The area of the Administrative County of Lancaster for Elementary Education purposes is 911,487 acres. Twenty-three Municipal Boroughs and the Urban Districts of Chadderton, Farnworth, Hindley, and Ince-in-Makerfield are autonomous for Elementary Education purposes and, therefore, do not come within the scope of this report, except for Higher Education. The combined population of these Boroughs and Urban Districts is estimated at 862,880.

The population of the Elementary Education area is 996,320. For Higher Education and General Purposes the population is 1,859,200, while for Child Welfare purposes it is 864,203.

The following Table shows the number of Schools, Departments, etc., on December 31st, 1937 :—

	Council Schools.	Non-Provided Schools.	Total.
No. of Schools	168	515	683
No. of Departments	238	642	880
Accommodation	70,757	128,963	199,720
Average number on roll ...	46,274	71,213	117,487
Average attendance	39,212	59,741	98,953
No. of Teachers	1,482	2,559	4,041

It will be seen that approximately 40 per cent of the children in average attendance are in Council Schools.

CO-ORDINATION OF THE WORK OF THE SCHOOL MEDICAL SERVICE WITH THAT OF OTHER HEALTH SERVICES.

The County Medical Officer of Health is School Medical Officer and Chief Medical Officer to the Public Assistance Committee. In the Central Office, he is assisted by two Chief Assistant Medical Officers, who are concerned with the administration of general Public Health, the School Medical and Maternity and Child Welfare Services, Public Assistance Medical Services, the Midwives Acts and the Blind Persons Act.

In the " field " the work of the School Medical Service is co-ordinated with that of other Health Services. This is achieved in the following manner :—

The County Council's Elementary Education Area has been divided into districts. A district has been allotted to each Assistant School Medical Officer. In this district he acts both as Assistant County Medical Officer of Health and Assistant School Medical Officer and deals with all the problems of Public Health and School Medical Inspection, except those relating to Tuberculosis, in so far as the County Council is responsible for them. Co-ordination in Tuberculosis is maintained both at the Central Office and " in the field," by referring or notifying to the Tuberculosis Officer any cases of doubtful or evident disease.

In his district the Assistant School Medical Officer is assisted by School Nurses who carry out in the area allotted to them the work of School Nurse, Health Visitor and Inspector of Boarded-out Children.

The arrangements for the co-ordination of certain of the services are set out below :—

(*a*) *Infant and Child Welfare.*—In general, it is true to say that each Assistant School Medical Officer is responsible for the Infant and Child Welfare work in his district, and that each School Nurse is the Health Visitor for her area. Often the same premises are used as a School Clinic and as a Child Welfare Centre. There are, however, 10 Local Government Areas in which the Maternity and Child Welfare work is carried out by Local Authorities which are not authorities for Elementary Education, *i.e.*, are not Part III. Authorities, and there is one Part III. Authority for whom the County Council carries out Maternity and Child Welfare work.

The County Council's arrangements have several outstanding advantages. The Medical Officer and Nurses in an area have the children under observation from a very early age until the time they leave school. Time in travelling is saved and duplication of visits to any particular house are avoided. A closer contact is made with parents than would be possible if the staffs of the School Medical and Maternity and Child Welfare Services were separate.

All the facilities of the School Medical Service for the treatment of defects are available for the Infant and Child Welfare service, *e.g.*, visual defects, chronic tonsillitis and adenoids, crippling defects, dental defects.

The following tables show the number of children under school age who have attended at the School Clinics for the ailments and conditions indicated:—

MINOR AILMENTS CLINICS.

Treatment.

No. of individual children attending	1,689
No. of attendances made	3,712
Disease or defect treated :—	
Ringworm : Scalp	2
Body	4
Scabies	22
Impetigo	185
Other Skin	211
Minor eye	121
Minor ear	112
Miscellaneous	956

Inspection.

501 individual children made 1,029 attendances at the various Minor Ailments Clinics for inspection by the Assistant County Medical Officers, and advice with regard to treatment was given in respect of 540 defects found.

OPHTHALMIC CLINICS.

Treatment of Defective Vision and Squint.

No. of individual children attending.	No. of attendances made.	Errors of refraction.	Other defect or disease of the eye.	No. of glasses prescribed.	No. of glasses obtained.	No. recommended for treatment other than by glasses.
380	923	306	96	169	162	113

DENTAL CLINICS.

No. of individual children treated.	No. of attendances made.	No. of fillings.	No. of extractions.	No. of administrations of general anæsthetics.	No. of other operations performed.
647	904	191	1734	309	390

(*b*) *General Public Health.*—In their capacity as Assistant County Medical Officers, Medical Officers are concerned in the prevention and control of infectious disease and maintain close touch with the local Medical Officer of Health. In those areas where it is a duty of the County Council, Assistant County Medical Officers of Health carry out the work in connection with the registration and inspection of Nursing and Maternity Homes and investigations into maternal deaths.

(*c*) *Maternal Welfare.*—The Medical Officers in their capacity as Assistant County Medical Officers of Health take an active part in this work. At all County Council Child Welfare Centres expectant mothers are seen by the Assistant County Medical Officer of Health in charge. School Nurses, also, acting as Health Visitors, do much useful work for expectant mothers. In 1937 in this connection they made 2,217 first visits and 2,274 revisits. This has been of especial value to those mothers living in a scattered country district where it is impracticable for them to attend an Antenatal Clinic ; for such expectant women the visits of the County Health Visitor have been a valuable addition to the help rendered by the local midwife and doctor. The Nurses also visit patients who have suffered from Puerperal Pyrexia in order that inquiry may be made as to their state of health and arrangements made for treatment, if necessary. In addition they visit cases of Ophthalmia Neonatorum, in some instances carrying out treatment.

The dental service of the Education Committee is available for expectant and nursing mothers.

(*d*) *County Council Hospitals.*—Arrangements have been made with some of these hospitals for the treatment of certain defects occurring in school children, *e.g.*, chronic tonsillitis and adenoids.

(*e*) *National Health Insurance* (*Juvenile Contributors and Young Persons*) *Act, 1937.*—Under the terms of this Act arrangements have been made for the Assistant School Medical Officers to furnish, on the application of a medical practitioner or of an insurance committee on his behalf, for his confidential information, such particulars as to the school medical record of any young person whom he has accepted for treatment and such other information in their possession relating to the medical history of that person as the practitioner may deem necessary for the purposes of his function in relation to the provision of medical benefit for that person.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

Hygienic schools are a very great factor in the promotion of the health of the nation. Children in such schools spend a considerable portion of their impressionable young age in hygienic surroundings and a regard for hygiene is thereby acquired by practice and experience. The schools are a daily example to the child of the hygienic way of living. They are built in open spaces, and ventilation, lighting, heating and sanitation are in accord with modern knowledge. Classrooms are large, bright and airy. Playgrounds and playing fields are provided and an adequate water supply is available for washing and drinking purposes. All this is in striking contrast to the state of affairs in the early days of elementary education when frequently the school consisted of a single classroom which was poorly ventilated and ill-lit, and in which the children were crowded together.

In the area of the Lancashire Education Committee the new schools offer every facility for a healthy school life which could be reasonably demanded. In some of the older schools, however, the position is not so happy. At each visit to a school the School Medical Inspector makes a note of any defects present and reports thereon to the Central Office, whereupon appropriate action is taken.

In connection with school furnishing, it is interesting to refer to some recent work on The Blackboard by the National Institute of Industrial Psychology. As the Institute points out, it is well known that strain is felt by children in copying from a blackboard. This strain may arise from repeated movements of the head and eyes, especially from changes in accommodation and convergence. It may also be partly due to copying from a *black*board on to a *white* paper, *i.e.*, to the possible alterations, rapid and continually reversed, in the level of adaptation of the eye. Ordinary white paper has a reflexion factor of about 85 per cent. and a blackboard of about 10 to 15 per cent. The experiments carried out suggest that an appreciable saving in time, and presumably of strain, is obtainable by substituting a bright yellow board for the standard blackboard.

The following table shows the improvements which have been carried out in the schools during 1937 :—

District No.	Name of School.	Particulars of Improvements
1	Urswick Grammar	Reflooring.
	Dalton-in-Furness Chapel Street Council	Reflooring.
	Dalton-in-Furness Nelson Street Council	Repairs to fence and down pipes.
	Ulverston Dale Street Council ...	Renewal of lavatory bowls ; inlet hoppers to two windows.
	Ulverston Sandside Council ...	Reflooring and pointing.
	Ulverston Lightburn Council ...	Tar and Seeding playground.
	Dalton-in-Furness, Dowdales Central Council	Repairs to fencing, gates and hedge.
	Ulverston Victoria Senior Council	Reflooring ; sinks in Room II. and lavatory.
2	Halton C.E.	Renewal of range, sink and drainer.
	Hornby C.E.	Machine planing floors.
	Nether Kellet Council	Renewal of sink.
	Overton C.E.	Reflooring.
	Thurnham Glasson Christ Church...	Wood block flooring.
	Ellel Infants	Electric lighting.
	Ellel Mixed	Electric lighting.
	Carnforth North Road Council ...	New range, repairs to playground.

District No.	Name of School.	Particulars of Improvements.
3	Garstang C.E.	Reflooring, machine planing floors.
	Nether Wyresdale, Scorton C.E. ...	Electric lighting.
	Great Eccleston Copp C.E.... ...	Machine planing floors.
	Forton Council	Rebuilding chimney stack.
	Garstang Domestic Subjects Centre	Pointing north wall.
4	Thornton Cleveleys Baines' Endowed	Reflooring, machine planing floors.
	Fleetwood Chaucer Council ...	Pointing.
	Fleetwood Blakiston Council ...	Machine planing floors.
	Thornton Cleveleys Church Road Council	Pointing, repairs to cloakroom floors.
	Thornton Cleveleys Beach Road Council	Creosoting timber, tar and sand roof, Infants building.
	Thornton Cleveleys Burn Naze Council	Pointing.
	Poulton-le-Fylde Hodgson Senior Council	Repairs to playground.
5	Kirkham The Willows R.C. ...	Reflooring.
	Westby St. Anne's R.C.	Electric lighting.
6	Longridge Berry Lane Council ...	Reflooring.
	Lea R.C.	Reflooring.
	Woodplumpton Catforth Council ...	Pointing, playground repairs.
	Woodplumpton Catforth St. Robert's R.C.	Electric lighting.
	Goosnargh The Hill R.C. ...	Reflooring.
	Goosnargh Whitechapel Council ...	Pointing, repairs to playground and swing doors.
	Ribchester Knowle Green ...	Electric lighting.
	Ribchester St. Peter's and St. Paul's R.C.	Electric lighting.
	Fulwood Watling Street Council ...	Machine planing floors.
7	Walton-le-Dale Brownedge R.C. ...	Reflooring, Girls' Department, Infants' Department.
	Walton-le-Dale Lostock Hall Council	Floor repairs, machine planing floors.
	North Meols Banks Methodist ...	Electric lighting.
9	Great Harwood Parish C.E. ...	Reflooring and machine planing floors,
	Great Harwood St. John's C.E. ...	Reflooring.
	Rishton Methodist	Reflooring.
	Rishton St. Peter's and St. Paul's	Reflooring.
	Oswaldtwistle and Belthorn Daisy Green C.E.	Electric lighting.
	Great Harwood Western Council	Electric lighting of Infants' Department.
	Oswaldtwistle West End Council ...	Fencing, west boundary.
	Oswaldtwistle Moor End Council ...	Repairs to playground.
	Church and Oswaldtwistle Rhyddings Senior C.	Repairs to playground.
10	Osbaldeston St. Mary's R.C. ...	Electric lighting.
11	Brierfield Holy Trinity C.E. ...	Reflooring.
	Brierfield Walter Street Council ...	Repairs to snowboards and pointing.

District No.	Name of School.	Particulars of Improvements.
12	Old Laund Booth Fence C.E. ...	Electric lighting.
	Old Laund Booth Wheatley Lane Methodist	Reflooring.
	Goldshaw Booth Newchurch-in-Pendle C.E.	Electric lighting.
	Roughlee	Electric lighting.
	Trawden Council	Electric lighting.
13	Padiham Green C.E.	Reflooring ; electric lighting.
	Padiham Methodist	Reflooring.
	Padiham St. Matthew's C.E. ...	Reflooring.
14	Withnell Fold Methodist	Electric lighting.
	Wheelton C.E.	Electric lighting.
	Coppull Moor C.E.	Reflooring.
	Coppull Chapel Lane C.E.	Reflooring ; electric lighting.
	Anderton, Adlington and District Council	Repairs to structure.
	Coppull and District Council ...	Wood block flooring ; tar and seeding playground.
15	Brindle Parochial	Reflooring.
	Brindle Gregson Lane Methodist ...	Electric lighting.
	Leyland Senior Council	Servicing of automatic stoker.
16	Ormskirk Burscough Bridge St. John's C.E.	Lavatory bowls.
	Ormskirk Burscough Bridge Methodist	Reflooring, Infants' Department, Mixed Department.
	Ormskirk Newburgh ...	Reflooring.
	Ormskirk United Charity C.E. ...	Reflooring.
	Aughton Parochial	Electric lighting, Infants' Department Mixed Department.
	Mawdesley R.C.	Reflooring cloakrooms and porch.
	Skelmersdale Council	Repairs to flag paving and drain.
	Scarisbrick St. Mary's R.C. ...	Electric lighting.
18	Standish-with-Langtree Lower Ground C.E. ...	Reflooring.
	Standish-with-Langtree Standish Girls' and Infants'	Reflooring.
	Standish-with-Langtree Standish Grammar	Reflooring.
	Aspull Methodist	Repairs to folding partition.
	Aspull St. John Baptist's (Mixed)	Electric lighting.
	Blackrod Parish C.E.	Reflooring.
	Blackrod Scot Lane End C.E. ...	Reflooring; new lavatory basins, hoppers to windows, etc.
	Wrightington St. Joseph's R.C. ...	Reflooring.
	Shevington Broad-o' th'-Lane C.	Triplex grate, interior and exterior repairs.
	Shevington Crooke Council ...	Pointing and repairs ; reflooring.
	Aspull New Springs Council ...	Tar and seeding playground.
	Wrightington Mossy Lea Council ...	General repairs to structure.
19	Orrell Holgate Council	Repairs to boundary wall ; reflooring.
	Orrell Far Moor Council	Pointing ; electric lighting.
	Billinge and Winstanley St. Mary's R.C.	Reflooring.
	Ashton-in-Makerfield Evans C. ...	General repairs ; playground.
	Ashton-in-Makerfield Rectory C.E.	Reflooring.
	Ashton-in-Makerfield St. Thomas'	Reflooring ; electric lighting.
	Abram Colliery Mixed	Reflooring.
	Orrell Lamberhead Green C. ...	Repairs to flag paving ; pointing.
	Abram Bryn Gates Council ...	Re-laying flags ; pointing.
	Orrell St. James' Road Council ...	Repairs to playground ; gates, railing.
	Upholland Crawford Village C. ...	Removal of petrol gas plant and conversion of shed into store.

District No.	Name of School.	Particulars of Improvements.
21	Westhoughton Hart Common C.E.	Reflooring.
	Westhoughton Parochial	Wood block flooring.
	Horwich Chorley New Road C.	Reflooring.
	Horwich Lord Street Council	Tar and seeding playground.
	Westhoughton Fourgates Council	General repairs to structure.
	Westhoughton Council	Repairs to structure ; tar and seeding playground.
	Westhoughton Sacred Heart R.C.	Erection of partition.
22	Kearsley Mount Methodist	Reflooring.
	Kearsley St. John's	Reflooring.
	Little Lever C.E.	Reflooring.
	Kearsley Ringley C.E.	Reflooring.
23	Ramsbottom Holcombe C.E.	Reflooring.
	Ramsbottom Hazelhurst C.	Floor planing ; tar and seeding playground.
	Ramsbottom Stubbins C.	Repairs and pointing.
	Ramsbottom Turn Council	Minor repairs to roofs.
	Ramsbottom Peel Brow C.	Floor planing ; vent turret ; repairs to playground.
	Ramsbottom Central Council	Floor planing ; vent turret ; repairs to playground.
24	Tottington Green Mount	Reflooring.
	Tottington St. John's Free Church (Infants)	Reflooring.
25	Prestwich Parish C.E.	Reflooring
	Prestwich Heaton Park C.	Pointing boundary wall ; tar and seeding playground.
	Whitefield Higher Lane C.	Concreting cartway.
26	Littleborough Summit C.	Playground repairs ; machine planing floors ; grano concrete to landing ; gate ; hoppers.
	Littleborough Smithy Bridge Council	Minor repairs to floors and tiles.
	Littleborough Central C.	Electric light to boys' lavatory ; tar and seeding playground.
	Milnrow Newhey Council	"Briton" springs to three doors ; repairs to playground.
	Milnrow Moorhouse Council	"Briton" springs to seven doors ; repairs to playground.
	Whitworth Leavengreave C.	Gate alteration ; asphalt roofing ; ventilators.
	Wardle C.E.	Erection of new folding screen.
27	Royton All Saints' Mission C.E. (Infants)	Reflooring ; tiled hearth (babies).
	Royton Blackshaw Lane C.	Repairs to gate.
28	Netherton R.C.	Electric lighting.
29	Huyton and Roby C.E.	Electric lighting.
	Rainford C.E.	Electric lighting ; reflooring.
	Whiston Temporary C.	Reflooring.
	Prescot Council	Repairs ; reflooring.
	Whiston Central C.	Renew Canotex ; triplex grate ; service to automatic stoker.
	Huyton The Twig Lane C.	Service to automatic stoker.
	Huyton Senior Council	Service to automatic stoker.

District No.	Name of School.	Particulars of Improvement.
30	Haydock Richard Evans C. (Junior Mixed)	Two additional electric lighting points (craft room); geyser and sink.
	Haydock Colliery C.	Indoor lavatory for staff.
	Haydock R.C.	Wood block flooring.
	Haydock C.E.	Reflooring.
	Newton-in-Makerfield Earlestown District C.E.	Reflooring.
	Newton-in-Makerfield Newton-le-Willows St. Mary's R.C.	Reflooring.
	Newton-in-Makerfield St. Peter's C.E.	Reflooring.
	Great Sankey Council	Staff W.C.s.
	Croft Council ...	New range.
	Penketh Council	Repairs to W.C.s.
31	Atherton Hesketh Fletcher Senior C.E.	Reflooring.
	Atherton Bolton Road	Reflooring.
	Atherton Laburnum Street Infants' C.E.	Reflooring.
	Atherton Lee Street Undenominational	Reflooring.
	Tyldesley Senior Girls' Council ...	Service to automatic stoker; provision of doorway and enclosure of verandahs.
	Tyldesley Senior Boys' Council ...	Service to automatic stoker.
	Tyldesley Central C.E.	New hoppers, windows and alterations to existing windows.
32	Golborne Council Senior	New downspout.
33	Urmston Flixton Parochial ...	Reflooring.
	Urmston Council	Electric light to Ross Grove huts; reflooring to Ross Grove huts; eight windows made to open; 15 inlet hoppers.
	Irlam Council	Platform.
	Irlam Central Council	Repairs to structure; playground repairs; repairs to ceilings; alteration of classroom doors on verandah corridors.
	Irlam Cadishead Senior Council ...	Display friezes in two rooms.
	Urmston Flixton Senior Council ...	Gas to art room.
	Urmston Flixton Council ...	Repairs to windows.
34	Worsley Walkden C.E.	Reflooring.
	Worsley Roe Green (Infants) ...	Wood block flooring.
	Worsley Hulton Peel St. Paul's C.E.	Reflooring.
	Worsley Hulton St. Edmund's R.C.	Reflooring.
	Worsley Hulton Walkden Moor Methodist.	Reflooring.
35	Denton Christ Church C.E. ...	Reflooring.
	Droylsden St. Mary's Infants' C.E.	Electric lighting.
	Alt, Leesfield Knoll's Lane C.E. ...	Electric lighting.
	Bardsley C.E.	Wood block flooring.
	Woodhouses Undenominational ...	Stone sink; repairs to floor.
	Droylsden Moorside C.	Wire netting to boundary; partition in store.
	Audenshaw Council	Blinds.
	Failsworth Mather Street C. ...	Gate from Infants' playground to school garden.
	Denton Central Council	Blinds; repairs to range; machine planing floors; erection of screen.
	Waterloo Council	Blinds; picture rail.
	Audenshaw Poplar Street C. ...	Flagging.

NOTE.—The item "reflooring" is intended to cover either the whole school floor or a classroom.

MEDICAL INSPECTION.

Inspection is carried out in the Schools and at Clinics. It is concerned with three groups of children, classified as Routines, Specials and Re-examinations.

(1) *Routines.*—These are :—

(*a*) " Entrants," *i.e.*, those who enter upon school life for the first time and whose ages are usually from 5—6 years.

(*b*) " Intermediates," *i.e.*, those who have attained the age of 8—9 years.

(*c*) " Leavers," *i.e.*, those of 12—13 years.

(2) *Specials.*

These are children, not being Routines, who are specially presented for examination by teachers, school attendance officers, parents, etc., because some defect is present or is suspected. Sometimes they are picked out by the medical officer or nurse in a general inspection of the School.

(3) *Re-inspections.*

These are the children who at a previous examination were found to have some defect or to need observation.

THE WORK DONE.

The following tables show the work done in connection with Elementary Schools by the Assistant School Medical Officers and Nurses during 1937 :—

1.—AT ROUTINE MEDICAL INSPECTION.

No. of Schools visited		590
No. of Departments visited		762
No. of " Entrants " examined—		
Boys	7,114	
Girls	6,824	
		13,938
No. of " Intermediates " examined—		
Boys	5,986	
Girls	5,957	
		11,943
No. of " Leavers " examined—		
Boys	5,257	
Girls	5,124	
		10,381
No. of " Specials " examined—		
Boys	3,580	
Girls	3,754	
		7,334
No. of Children examined (" Entrants," " Intermediates," " Leavers," and " Specials ")—		
Boys	21,937	
Girls	21,659	
		43,596
No. of Children re-examined		15,777
No. of Parents interviewed as part of the systematic inspection		4,818
No. of Homes visited		124

2.—AT VISITS OTHER THAN ROUTINE.

No. of re-visits paid to schools	855
No. of re-inspections of children at re-visits to Schools, or at School Clinics	29,457
No. of examinations of "Specials" at re-visits to Schools, or at School Clinics	28,478
No. of interviews with parents at re-visits to Schools, or at School Clinics	25,516
No. of visits to homes	269

3.—AT VISITS BY THE SCHOOL NURSE ALONE.

No. of visits paid to schools	4,227
No. of examinations of children in schools	197,389
No. of examinations of verminous children	9,733
No. of examinations of children with ringworm	53
No. of interviews with parents at school	1,196
No. of visits to homes	12,382

FINDINGS OF MEDICAL INSPECTION.

(1) ROUTINES.

The table below gives the findings in percentage form :—

			ENTRANTS.		INTER-MEDIATES.		LEAVERS.	
			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
No. Examined ....**36,262**............			7114	6824	5986	5957	5257	5124
Classification of Nutrition.	Excellent		7·1	9·6	8·5	11·8	11·8	14·7
	Normal		85·0	83·9	80·1	79·7	80·2	79·5
	Slightly Sub-normal	T	2·5	2·4	3·0	2·4	2·3	1·4
		O	4·9	3·9	8·0	5·8	5·3	4·0
	Bad	T	0·3	0·1	0·3	0·2	0·2	0·2
		O	0·08	0·07	0·1	0·03	0·1	0·2
% of Children having Defects			57·1	55·8	50·4	53·4	47·0	51·6
Mental Condition.	Dull and Backward	T	...	...	...	0·02	0·02	...
		O	1·2	1·1	2·3	1·1	2·1	0·8
	Feeble-minded	T	...	...	...	...	...	...
		O	0·01	0·03	0·1	0·2	0·6	0·2
	Imbeciles	T	...	...	...	...	...	...
		O	...	0·01	...	...	0·04	...
	Idiots	T	...	...	...	...	...	...
		O	...	...	...	...	...	...
Uncleanliness.	Head	T	0·7	5·2	0·4	5·8	0·3	4·0
		O	0·4	2·7	0·3	2·1	0·08	2·2
	Body	T	0·4	0·8	0·2	0·9	0·3	0·6
		O	0·2	0·1	0·2	0·07	0·3	0·1
Teeth.	Four or more Carious	T	10·6	9·5	9·6	8·0	6·6	7·8
		O	12·4	11·6	5·8	5·8	2·1	2·5
	Sepsis	T	1·6	1·4	0·9	0·8	1·1	0·8
		O	0·1	0·09	0·07	0·02	0·02	0·08
Skin.	Ringworm. Scalp	T	0·03	...	...	...	0·02	0·02
		O	...	...	...	...	...	...
	Ringworm. Body	T	0·03	0·01	0·05	0·05	0·08	0·04
		O	...	...	...	...	...	...
	Scabies	T	0·1	0·1	0·07	0·08	0·08	0·06
		O	0·04	...	...	...	...	...
	Impetigo	T	0·7	0·5	0·6	0·4	0·5	0·1
		O	0·08	0·06	0·08	0·02	0·1	...
	Other Diseases (Non-Tubercular)	T	1·3	1·0	1·1	0·5	1·0	0·8
		O	0·7	0·5	0·6	0·5	0·4	0·7
Eye Diseases.	Blepharitis	T	0·4	0·5	0·6	0·6	0·4	0·8
		O	0·3	0·2	0·4	0·3	0·3	0·2
	Conjunctivitis	T	0·1	0·3	0·2	0·2	0·1	0·3
		O	0·4	0·5	0·3	0·4	0·2	0·2
	Keratitis	T	0·01	...	...	...	...	0·02
		O	...	...	...	...	...	0·02
	Corneal Opacities	T	...	...	...	0·02	...	...
		O	...	...	0·05	0·02	0·1	0·02
	Other Conditions	T	0·1	0·1	0·1	0·07	0·1	0·2
		O	0·2	0·1	0·2	0·2	0·2	0·2
	Defective Vision	T	0·3	0·3	5·1	6·3	6·3	7·1
		O	0·4	0·3	6·3	7·9	8·0	9·1
	Squint	T	1·0	1·1	0·7	0·5	0 2	0·4
		O	1·2	1·3	0·9	1·0	0·8	0·7

				Entrants.		Inter-mediates.		Leavers.	
				Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ear Diseases.		Defective Hearing	T	0·07	0·1	0·2	0·3	0·3	0·3
			O	0·2	0·1	0·3	0·4	0·6	0·5
		Otitis Media	T	0·3	0·1	0·3	0·4	0·4	0·5
			O	0·07	0·07	0·2	0·02	0·1	0·06
		Other Ear Diseases	T	0·8	0·8	0·4	0·6	0·6	0·8
			O	0·3	0·2	0·2	0·2	0·2	0·1
Nose and Throat.		Chronic Tonsillitis	T	2·9	2·8	1·7	2·1	1·4	1·7
			O	12·0	11·2	6·3	7·7	5·8	6·8
		Adenoids	T	0·2	0·1	0·1	0·1	0·1	...
			O	0·5	0·4	0·4	0·2	0·08	0·2
		Chronic Tonsillitis and Adenoids	T	2·0	1·9	1·0	1·0	0·5	0·6
			O	1·7	1·6	0·6	0·8	0·4	0·3
		Other Conditions	T	0·5	0·4	0·6	0·4	0·5	0·4
			O	3·7	4·0	2·7	2·7	2·0	1·5
Enlarged Cervical Glands (Non-Tubercular)			T	0·2	0·2	0·2	0·08	0·08	0·06
			O	11·9	8·5	4·9	3·4	3·5	2·4
Defective Speech			T	0·08	0·03	0·03	0·03	...	0·02
			O	1·0	0·6	0·7	0·3	0·4	0·1
Heart and Circulation.	Heart Disease	Organic	T	0·08	0·09	0·02	0·1	0·06	0·2
			O	0·4	0·5	0·5	0·7	0·4	0·5
		Functional	T	0·06	0·03	0·03	0·02	...	0·08
			O	2·5	2·2	2·2	2·3	1·8	3·5
		Anæmia	T	0·4	0·2	0·2	0·2	0·2	0·4
			O	0·5	0·4	0·4	0·4	0·2	0·3
Lungs.		Bronchitis	T	1·5	0·9	0·7	0·4	0·5	0·2
			O	2·6	1·9	1·0	0·7	0·7	0·4
		Other Non-Tubercular Diseases	T	0·06	...	0·05	0·02	0·04	...
			O	0·9	0·8	0·8	0·5	0·7	0·5
Tuberculosis.	Pul-monary.	Definite	T	...	...	...	...	...	...
			O	...	...	...	...	...	0·04
		Suspected	T	...	...	...	...	...	...
			O	0·03	...	0·07	0·02	0·02	...
	Non-Pulmonary.	Glands	T	0·01	...	0·07	0·03	...	0·06
			O	0·04	0·01	0·1	0·08	0·1	0·1
		Bones and Joints	T	0·01	...	...	0·02	0·02	...
			O	0·01	...	0·02	...	0·04	0·04
		Skin	T	...	...	...	0·02	...	...
			O	...	0·03	0·02	...	0·02	0·04
		Other Forms	T	0·01	0·01	...	...	...	...
			O	0·08	0·03	0·02	0·02	0·1	0·02
Nervous System.		Epilepsy	T	...	...	...	...	...	0·04
			O	0·01	0·03	...	0·02	...	0·06
		Chorea	T	0·01	...	0·02	0·03	...	0·02
			O	0·03	0·03	0·2	0·05	0·02	...
		Other Conditions	T	...	0·04	0·02	...	...	0·02
			O	0·1	0·04	0·2	0·07	0·1	0·06
Deform-ities.		Rickets	T	0·2	0·2	0·02	0·03	...	0·02
			O	1·0	0·5	0·3	0·2	0·2	0·04
		Spinal Curvature	T	0·07	0·07	0·1	0·2	0·2	0·4
			O	0·2	0·2	0·4	0·5	0·7	0·7
		Other Forms	T	0·8	0·4	0·8	0·9	1·0	1·6
			O	2·1	1·9	1·9	2·5	2·9	3·1
Other Defects and Diseases			T	1·2	1·1	1·3	1·0	1·6	1·1
			O	2·8	1·9	1·9	1·9	2·5	2·7

(2) SPECIALS.

				Boys.	Girls.
No. Examined ....35,812...........				18393	17419
Children having Defects				13170	12604
Mental Condition.		Dull and Backward	T	7	4
			O	161	79
		Feeble-minded	T	11	5
			O	29	15
		Imbeciles	T	3	1
			O	11	4
		Idiots	T	2	2
			O	...	1
Unclean-liness.		Head	T	41	265
			O	40	333
		Body	T	17	18
			O	2	3
Teeth.		Four or more Carious	T	596	581
			O	357	345
		Sepsis	T	94	87
			O	10	5
Skin.	Ring-worm.	Scalp	T	37	19
			O	1	5
		Body	T	35	36
			O	...	...
		Scabies	T	142	133
			O	3	4
		Impetigo	T	805	660
			O	10	5
		Other Diseases	T	1108	894
		(Non-Tubercular)	O	61	47
Eye Diseases.		Blepharitis	T	206	195
			O	20	30
		Conjunctivitis	T	188	160
			O	39	23
		Keratitis	T	9	5
			O	...	1
		Corneal Opacities	T	1	1
			O	3	5
		Other Conditions	T	138	149
			O	35	32
		Defective Vision	T	660	793
			O	271	363
		Squint	T	167	180
			O	74	85
Ear Diseases.		Defective Hearing...............	T	124	103
			O	50	44
		Otitis Media	T	304	255
			O	11	12
		Other Ear Diseases	T	369	133
			O	29	27

				Boys.	Girls.
Nose and Throat.		Chronic Tonsillitis..................	T	488	551
			O	632	668
		Adenoids..............................	T	55	52
			O	53	59
		Chronic Tonsillitis and Adenoids	T	626	679
			O	140	147
		Other Conditions	T	483	498
			O	384	330
Enlarged Cervical Glands			T	126	129
(Non-Tubercular)			O	430	347
Defective Speech			T	23	9
			O	55	19
Heart and Circulation.	Heart Disease	Organic	T	13	23
			O	29	37
		Functional	T	10	13
			O	366	258
		Anæmia	T	163	174
			O	32	17
Lungs.		Bronchitis	T	244	228
			O	99	76
		Other Non-Tubercular Diseases.	T	40	44
			O	60	60
Tuberculosis.	Pul-monary.	Definite	T	...	1
			O	3	1
		Suspected	T	5	2
			O	3	2
	Non-Pulmonary.	Glands........................	T	12	14
			O	11	10
		Bones and Joints	T	3	1
			O	5	3
		Skin..........................	T	1	3
			O	1	...
		Other Forms	T	1	2
			O	3	7
Nervous System.		Epilepsy	T	6	2
			O	13	7
		Chorea.................................	T	31	31
			O	33	24
		Other Conditions	T	37	40
			O	25	15
Deform-ities.		Rickets	T	17	14
			O	73	47
		Spinal Curvature	T	15	24
			O	14	16
		Other Forms	T	173	201
			O	117	123
Other Defects and Discases...............			T	2960	2450
			O	616	622

(3) RE-INSPECTIONS.

The work of re-inspection is very important, and serves several purposes. Firstly, it enables a Medical Officer to discover whether or not the treatment recommended by him has been carried out; secondly, it gives him an opportunity of appraising the results of the treatment carried out in any particular case; thirdly, if treatment has not been carried out, it gives him an opportunity of making another representation as to the need for treatment; fourthly, an additional opportunity of seeing parents occurs; fifthly, cases which have previously been noted as requiring to be kept under observation are seen. Re-inspection of such children enables a Medical Officer to watch their progress, and to give advice as to treatment if this becomes indicated.

The number of Re-inspections in 1937 was 45,243.

A classification into age-groups or defect categories would serve no useful purpose and has, therefore, not been made.

REVIEW OF FINDINGS.

NUTRITION.

In appraising the figures set out below it is well to remember that they are derived from those returned to the Central Office by some 20 Medical Officers, each working in a different part of the County and each having his own standard of assessment of the state of nutrition.

In Lancashire 92 per cent. of the children seen at routine inspections were in a satisfactory state of nutrition, and 8 per cent, were in an unsatisfactory state. The last available figures for England and Wales were 88·8 per cent. and 11·2 per cent. In more detail, in Lancashire 92·8 per cent. of the Entrants, 90·0 per cent. of the Intermediates, and 93·1 per cent. of the Leavers were in a satisfactory state of nutrition. The figures for England and Wales were 89·0 per cent., 87·0 per cent. and 89·9 per cent.

The percentage of children showing subnormal nutrition becomes less year by year. The incidence still falls most heavily on the Intermediates. This is in keeping with findings throughout the country. Girls show a higher percentage of satisfactory nutrition than boys and this is true of each group examined.

For the purposes of nutritional classification, children are divided into four categories :—(*a*) Excellent, (*b*) Normal, (*c*) Slightly sub-normal, (*d*) Bad.

The returns show that of 36,262 children examined at routine inspections in 1937, 3,748 fell into category (*a*), 29,607 into (*b*), 2,794 into (*c*) and 113 into (*d*).

In order that comparisons may readily be made with previous years the following tables and graphs have been prepared. The figures are percentages.

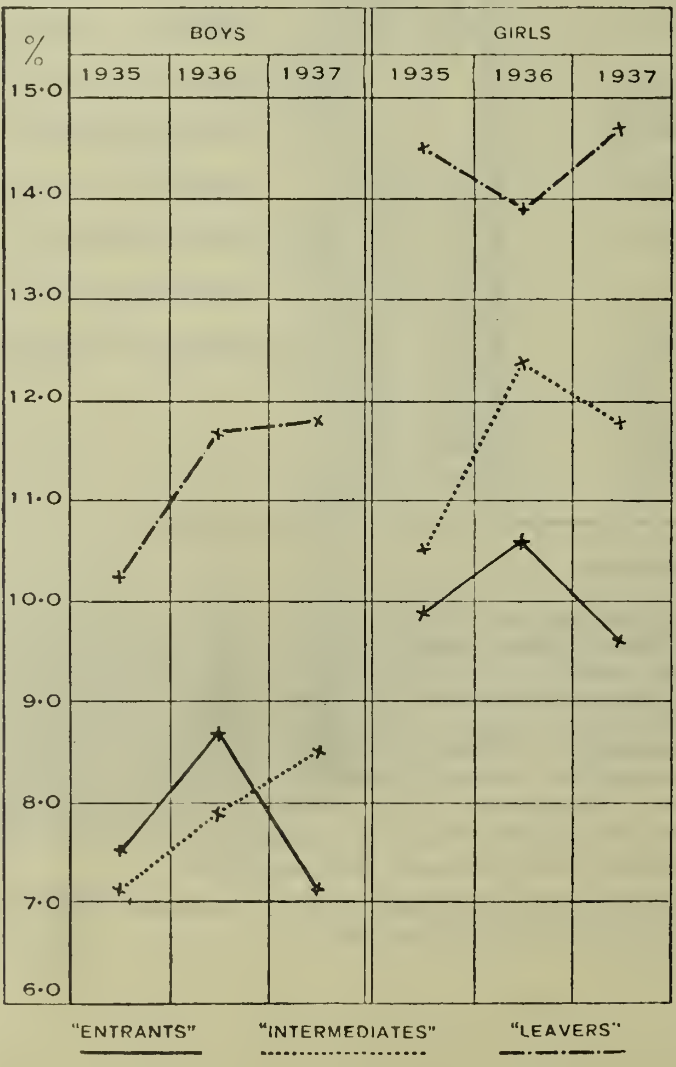
Category (*a*).—*Excellent.*

Year.		No. Examined.	Entrants.	Intermediates.	Leavers.
Boys	1935	18,452	7·5	7·1	10·2
	1936	16,573	8·7	7·9	11·7
	1937	18,357	7·1	8·5	11·8
Girls	1935	18,025	9·9	10·5	14·5
	1936	16,363	10·6	12·4	13·9
	1937	17,905	9·6	11·8	14·7

NUTRITION—ROUTINE CASES

GRAPH 1

CATEGORY (a)



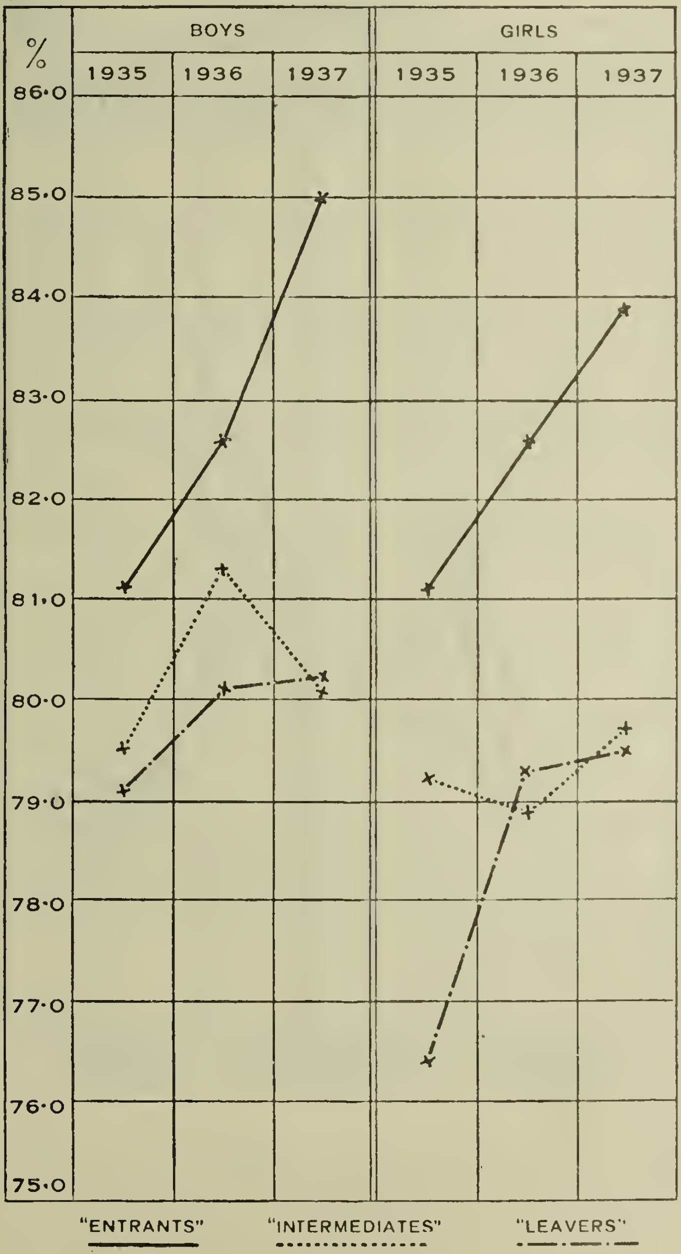
Category (b).—Normal.

	Year.	No. Examined.	Entrants.	Intermediates.	Leavers.
Boys	1935	18,452	81·1	79·5	79·1
	1936	16,573	82·6	81·3	80·1
	1937	18,357	85·0	80·1	80·2
Girls	1935	18,025	81·1	79·2	76·4
	1936	16,363	82·6	78·9	79·3
	1937	17,905	83·9	79·7	79·5

NUTRITION—ROUTINE CASES

GRAPH 2

CATEGORY (b)



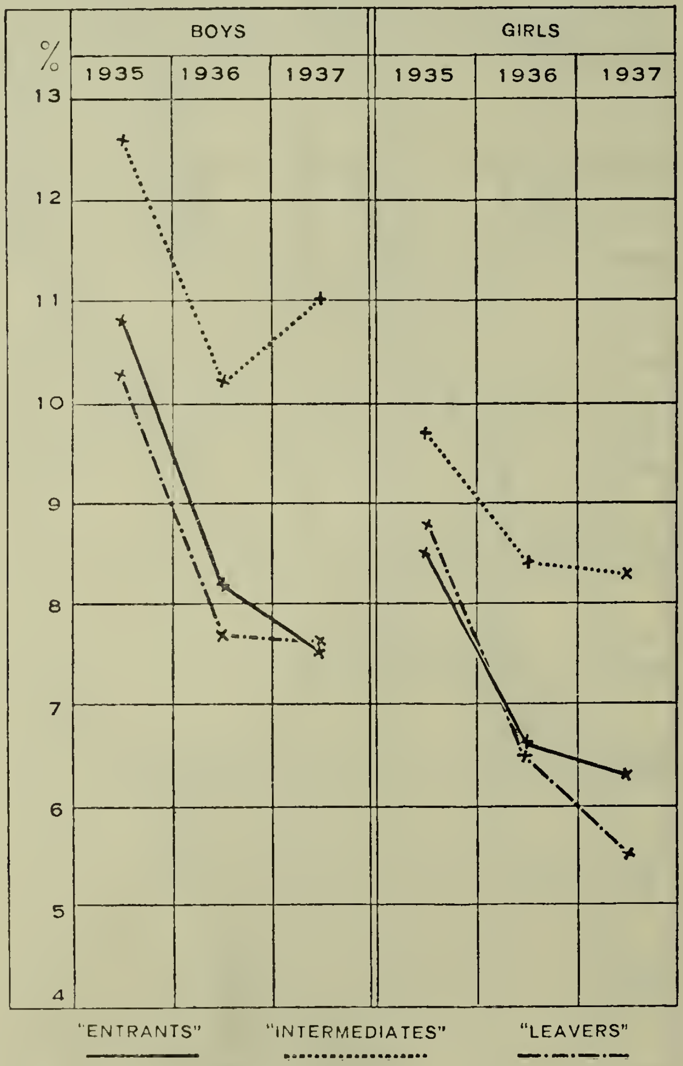
Category (c).—Slightly Sub-normal.

	Year.	No. Examined.	Entrants.	Intermediates.	Leavers.
Boys	1935	18,452	10·8	12·6	10·3
	1936	16,573	8·2	10·2	7·7
	1937	18,357	7·5	11·0	7·6
Girls	1935	18,025	8·5	9·7	8·8
	1936	16,363	6·6	8·4	6·5
	1937	17,905	6·3	8·3	5·5

NUTRITION—ROUTINE CASES

GRAPH 3

CATEGORY (c)



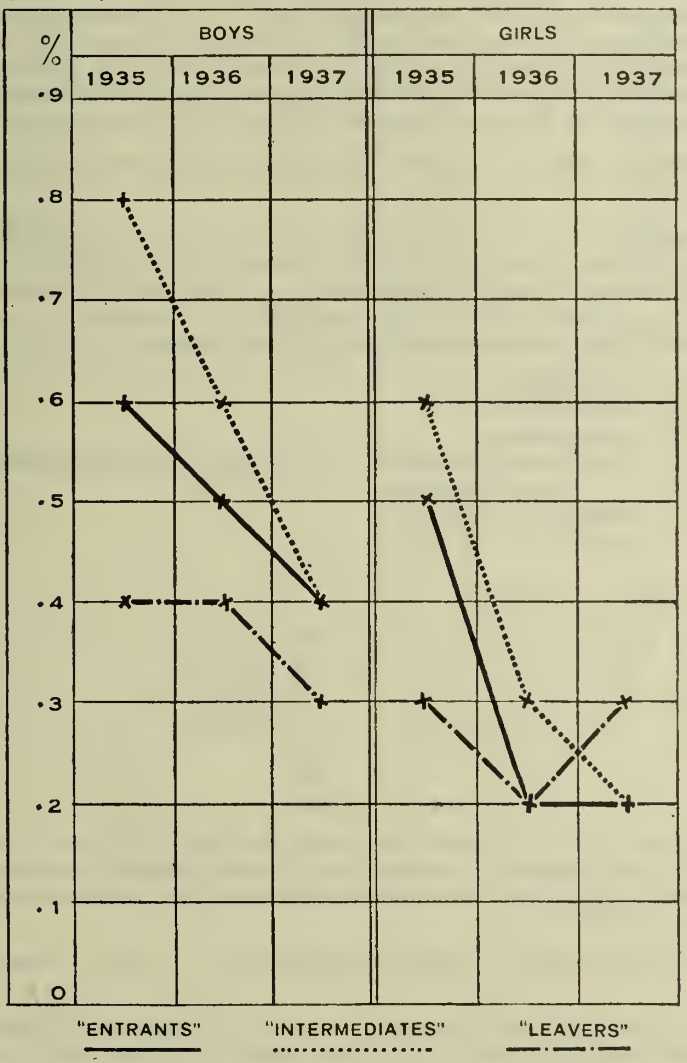
Category (d).—Bad.

Year.		No. Examined.	Entrants.	Intermediates.	Leavers.
Boys	1935	18,452	0·6	0·8	0·4
	1936	16,573	0·5	0·6	0·4
	1937	18,357	0·4	0·4	0·3
Girls	1935	18,025	0·5	0·6	0·3
	1936	16,363	0·2	0·3	0·2
	1937	17,905	0·2	0·2	0·3

NUTRITION—ROUTINE CASES

GRAPH 4

CATEGORY (d)



The " Special " also show an improvement in the state of nutrition as compared with previous years. The following table sets out the position during the years 1935, 1936 and 1937 :—

Year.	No. of " Specials " Examined.	Nutrition Satisfactory.	Nutrition Unsatisfactory.		
			Slightly Sub-normal.	Bad.	Total.
		%	%	%	%
1935... ...	33,991	92·07	7·48	0·45	7·93
1936... ...	34,855	94·01	5·77	0·21	5·98
1937... ...	35,812	94·91	4·93	0·16	5·09

One of the Assistant County Medical Officers has submitted an especially interesting report on the state of nutrition of the children receiving free meals in part of his area. The report brings out, among other things, the significance of factors other than that of diet, which contribute to sub-normal nutrition.

In the area in which the children were investigated a mid-day dinner and two one-third pint bottles of milk are available daily. This provision meets the *total* daily requirements of an average group of children in respect of the two most important factors in a dietary, namely, first-class protein and protective qualities Further, the provision gives 60 per cent. of the total calories required, 54 per cent. of the total protein, 65 per cent. of the carbohydrate and 55 per cent. of the fat.

In addition to meals, Cod Liver Oil and Malt is prescribed for suitable cases at School Clinics.

Four hundred and twelve children in this Area, which has suffered considerably from unemployment, were receiving free dinners or free milk, or both. Three hundred and seventy-seven were examined as to their state of nutrition. Thirty-five children were not available for examination. According to their state of nutrition the children were placed in the following categories :—

A . =Excellent.
B+=Very Good.
B . =Satisfactory.
B – =Not entirely satisfactory, but might be considered satisfactory by some observers.
C . =Slightly sub-normal.
D . =Bad.

The results were as follows :—

A & B+	275 children.
B	88 children.
B– & C	14 children.
D	0 children.
	377

In the cases of the 14 children who were classified as B— and C, factors other than dietetic were frequent, examples being careless parents, overcrowding, with resulting lack of proper sleep, verminous condition of the children warranting supervision by the N.S.P.C.C.

In four cases children would accept milk only. They refused to attend for dinners.

In only three cases was there an absence of environmental factors. Two of these had been receiving meals for only two weeks. The third had a sister who was placed in category A.

The findings indicate that in the particular area which has been considered further progress must be along the lines of devising means to overcome adverse environmental factors.

UNCLEANLINESS.

Heads.—The percentage of dirty heads in all routine cases, including both boys and girls, has declined to 4·04. The largest percentage is found in the intermediate group of girls, where it is 7·93, as compared with 7·89 in the entrants and 6·2 in the leavers groups.

Body.—There is a decrease in the percentage of children found to have verminous infestation of the body at Routine Inspections, the percentage being 0·7. The percentage of girls with this condition is still much higher than that of the boys.

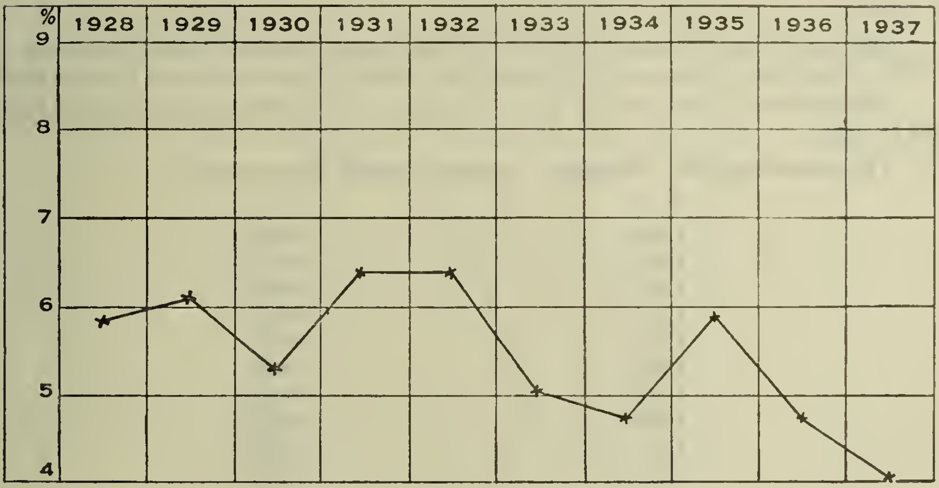
During the year the School Nurses made 197,389 examinations and found on 9,733 occasions children with verminous conditions. The number of examinations the previous year was 216,273 and the number found unclean was 11,274. 277 children were excluded from school under Article 20 (*b*) of the Code.

The figures given above, although they show some improvement, indicate that there must be no relaxation in the effort to secure clean heads and bodies among the School Children.

The percentages for Unclean Heads and Bodies for the last 10 years are as follows :—

Year.	Heads.	Bodies.
1928	5·85	0·87
1929	6·09	1·12
1930	5·27	1·37
1931	6·41	0·81
1932	6·41	0·99
1933	5·02	0·81
1934	4·72	0·64
1935	5·9	1·03
1936	4·75	0·75
1937	4·04	0·69

GRAPH 5 UNCLEAN HEADS—ROUTINE CASES



RINGWORM.

Ringworm of the scalp shows a decrease to 0·011 per cent. of routines examined, or less then half the percentage found the previous year. The cases numbered 4.

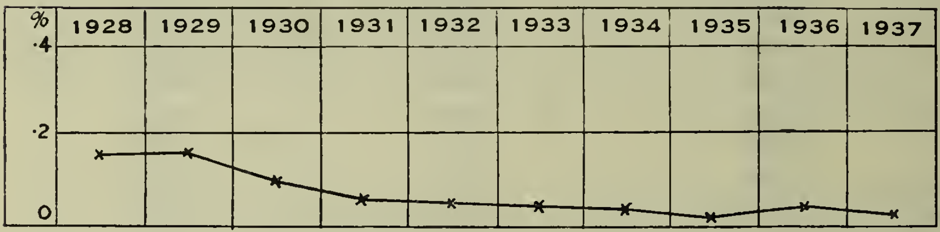
At special inspections a further 62 cases were found—38 boys and 24 girls—bringing the total to 66, or 4 less than in 1936.

Ringworm of the body was found in 86 cases in all—15 at routine inspections and 71 at special examinations.

The figures for the last 10 years are set out in percentages in the following table :—

Year.	Head.	Body.
1928	0·15	0·081
1929	0·157	0·071
1930	0·09	0·03
1931	0·06	0·08
1932	0·051	0·057
1933	0·043	0·023
1934	0·033	0·003
1935	0·016	0·024
1936	0·039	0·027
1937	0·011	0·04

GRAPH 6 RINGWORM OF HEAD—ROUTINE CASES



SCABIES.

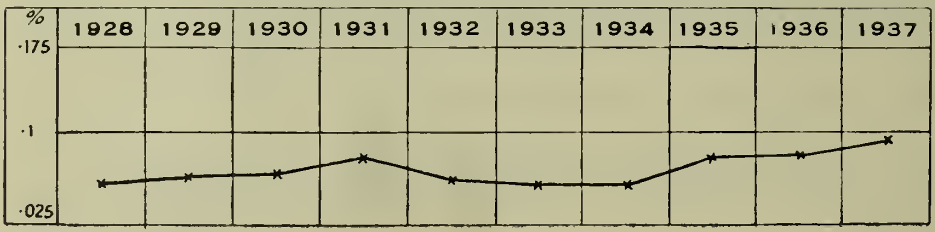
The percentage of cases found at routine inspections has further increased to 0·093; altogether 34 cases were discovered, of whom 19 were boys and 15 were girls.

The number of cases seen at special examinations, however, has decreased from 591 to 282.

The percentages for " Routine " cases in the last 10 years are :—

Year.	%
1928	0·057
1929	0·07
1930	0·066
1931	0·08
1932	0·06
1933	0·058
1934	0·058
1935	0·079
1936	0·081
1937	0·093

GRAPH 7 SCABIES—ROUTINE CASES



IMPETIGO.

The percentage of children found to be suffering from impetigo at routine inspections in 1937 was 0·53.

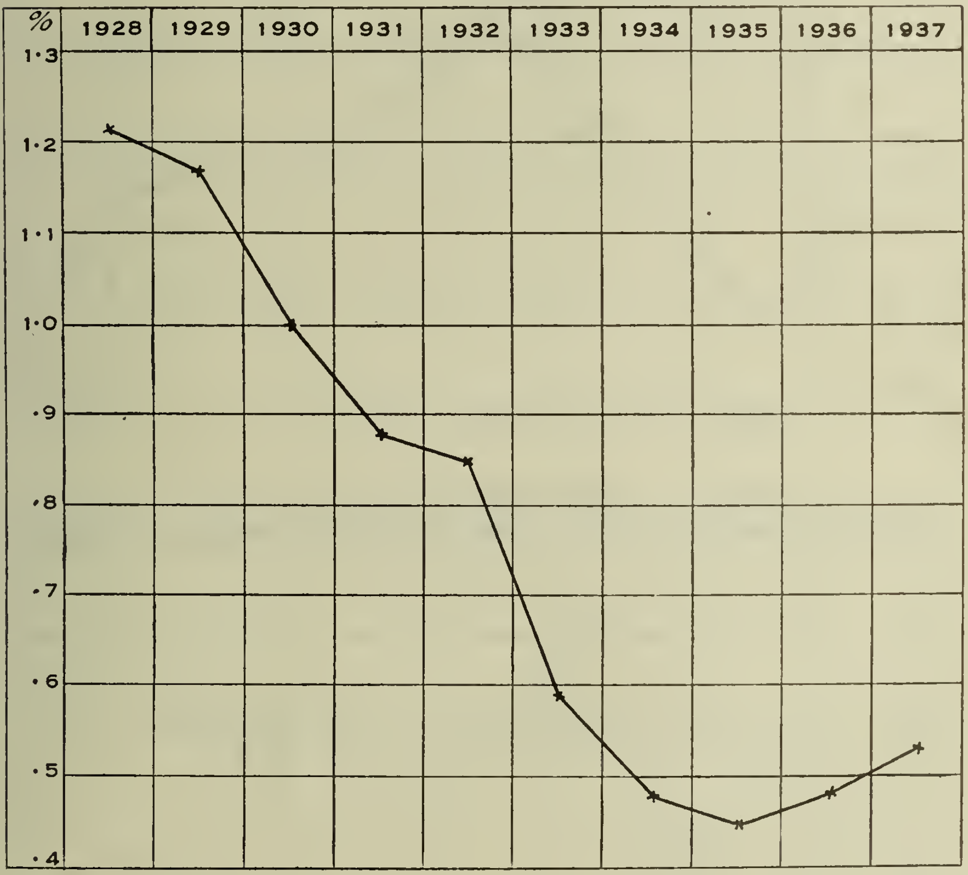
The cases numbered 195, of whom 129 were boys and 66 girls.

At special examinations a further 1,480 cases were seen, making a total of 1,675.

The percentages amongst all " Routine " cases for the last 10 years are :—

Year.	%
1928	1·21
1929	1·17
1930	1·0
1931	0·88
1932	0·85
1933	0·59
1934	0·48
1935	0·45
1936	0·48
1937	0·53

GRAPH 8 IMPETIGO—ROUTINE CASES



Other Skin Diseases (Non-Tubercular) were found in 1·51 per cent. of children at routine inspections in 1937, compared with 1·41 per cent. in 1936, and 2,110 cases were seen at special inspections.

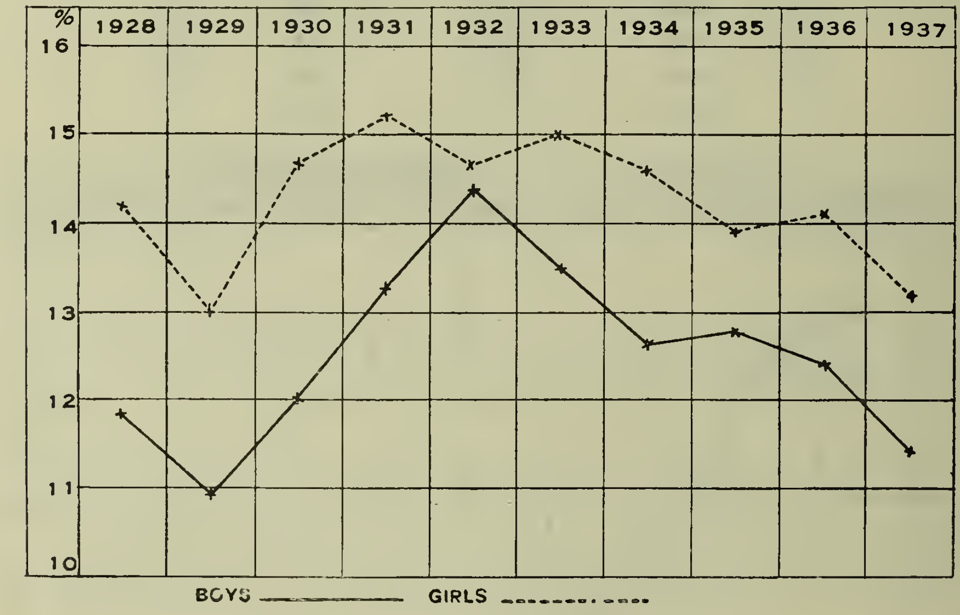
Defective Vision.

The percentage of entrants found to have defective vision was 0·64. These children are sometimes difficult to examine and therefore the figure obtained is only approximate.

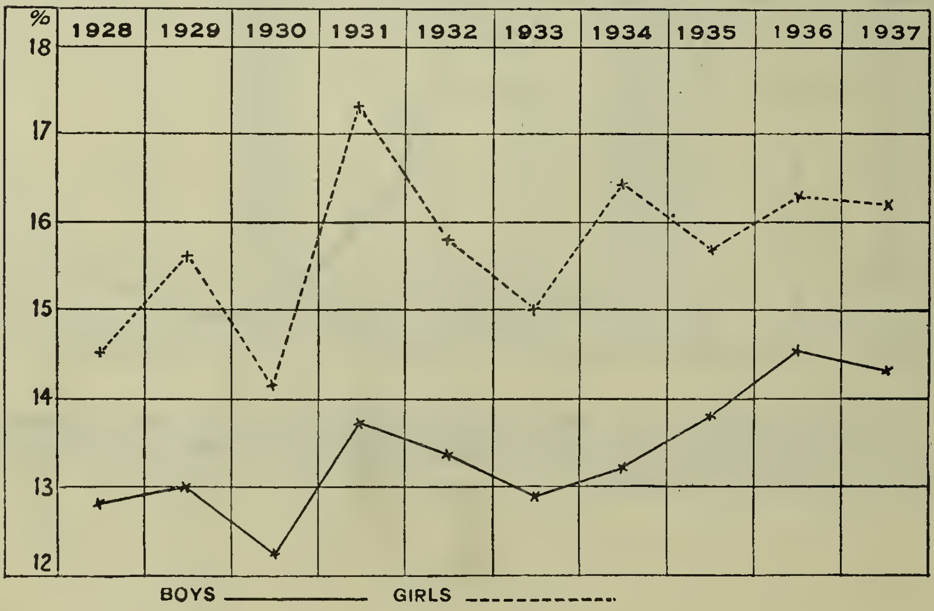
In the routine inspections of the intermediates and leavers, 639 boys and 744 girls were referred for treatment for defective vision. Most of these required spectacles; 797 boys and 874 girls were put down for observation, some having already obtained glasses that did not require changing, whilst in others the defect was not sufficiently marked to require immediate treatment.

The proportion of routine cases needing treatment is greatest in the leaver class of girls, being 7·1 per cent. of those examined, and is least in the intermediate group of boys, where 5·1 per cent. needed treatment.

GRAPH 9 DEFECTIVE VISION—% OF INTERMEDIATES FOR T. & O.



GRAPH 10 DEFECTIVE VISION—% OF LEAVERS FOR T. & O.



SQUINT.

This condition was found to be present in 614 of the 36,262 children examined at routine inspections; 307 were boys and 307 were girls. In 1936 Squint was found in 483 of 32,936 children examined.

VISUAL ACUITY.

The following table summarises the visual acuity of all "Intermediates," *i.e.*, children aged eight years, and all "Leavers," *i.e.*, children aged 12 or over, as determined by means of the Snellen Test Types :—

		BOYS.		GIRLS.	
		Intermediates.	Leavers.	Intermediates.	Leavers.
No. Examined		5,951	5,247	5,922	5,102
6	R.	86·4	85·0	84·4	82·6
	L.	85·3	84·6	83·7	82·1
9	R.	6·3	5·9	7·4	7·0
	L.	7·4	5·9	7·5	7·4
12	R.	2·9	3·2	3·3	3·6
	L.	2·8	3·2	3·2	3·3
18	R.	2·0	2·5	2·3	2·9
	L.	1·8	2·5	2·7	3·0
24	R.	1·0	1·5	1·2	1·7
	L.	1·1	1·6	1·2	1·6
36	R.	0·7	1·1	0·7	1·0
	L.	0·7	1·2	0·9	1·1
60	R.	0·3	0·5	0·4	0·9
	L.	0·4	0·7	0·4	0·9
0	R.	0·4	0·3	0·3	0·3
	L.	0·4	0·3	0·4	0·5

OTITIS MEDIA.

Children particularly are liable to suffer from otitis media. This fact is due to several causes, the most important of which is the presence of enlarged and infected adenoids. Other causes are the occurrence mainly amongst children of scarlet fever and measles.

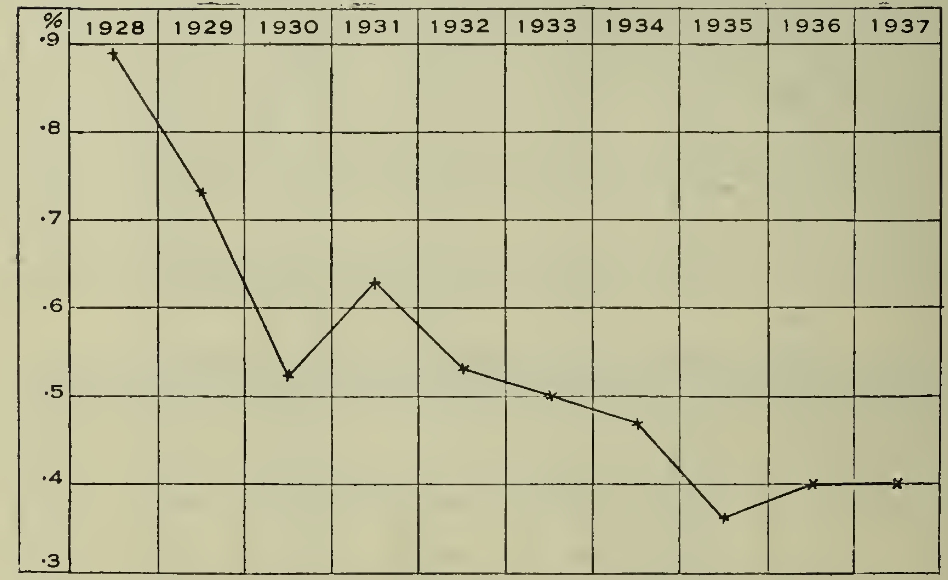
It is desirable to emphasise the fact that no examination of a child is complete without inspection of the ears and that this should be made with an auriscope. By this means, an accurate picture of the state of the ear will be obtained, and, in addition, on occasions the cause of an apparently obscure illness in a child will be discovered.

The cases discovered at routine inspections numbered 147, and 582 were seen at special examinations, chiefly at the School Clinics.

The percentages of " Routine " cases during the last 10 years are :—

Year.	%
1928	0·89
1929	0·73
1930	0·52
1931	0·63
1932	0·53
1933	0·50
1934	0·47
1935	0·36
1936	0·40
1937	0·40

GRAPH 11 OTITIS MEDIA—ROUTINE CASES



CHRONIC TONSILLITIS AND ADENOIDS.

The percentage of routine cases referred for treatment is approximately the same as last year. There is, however, an appreciable increase in the percentage of children to be kept under observation.

Altogether 1,277 children were found to require treatment for chronic tonsillitis and/or adenoids, of whom more than one-half were in the entrant group ; those to be kept under observation numbered 3,507, and again more than one-half were in the entrant class.

It frequently happens that inflammatory conditions and overgrowth of the lymphoid tissue commence during or after the commoner infectious ailments of early childhood and the results are seen when the child is first examined in school.

The point was made in the 1936 Report that it is only when conditions prejudicial to the child's health, such as ear disease, enlarged glands in the neck, defects of speech, breathing and hearing, frequent colds and catarrh, etc., are being caused by this chronically inflamed or overgrown tissue that operation is recommended, and then only after other methods have been given a fair trial or hold out no hope of a permanent cure of the condition.

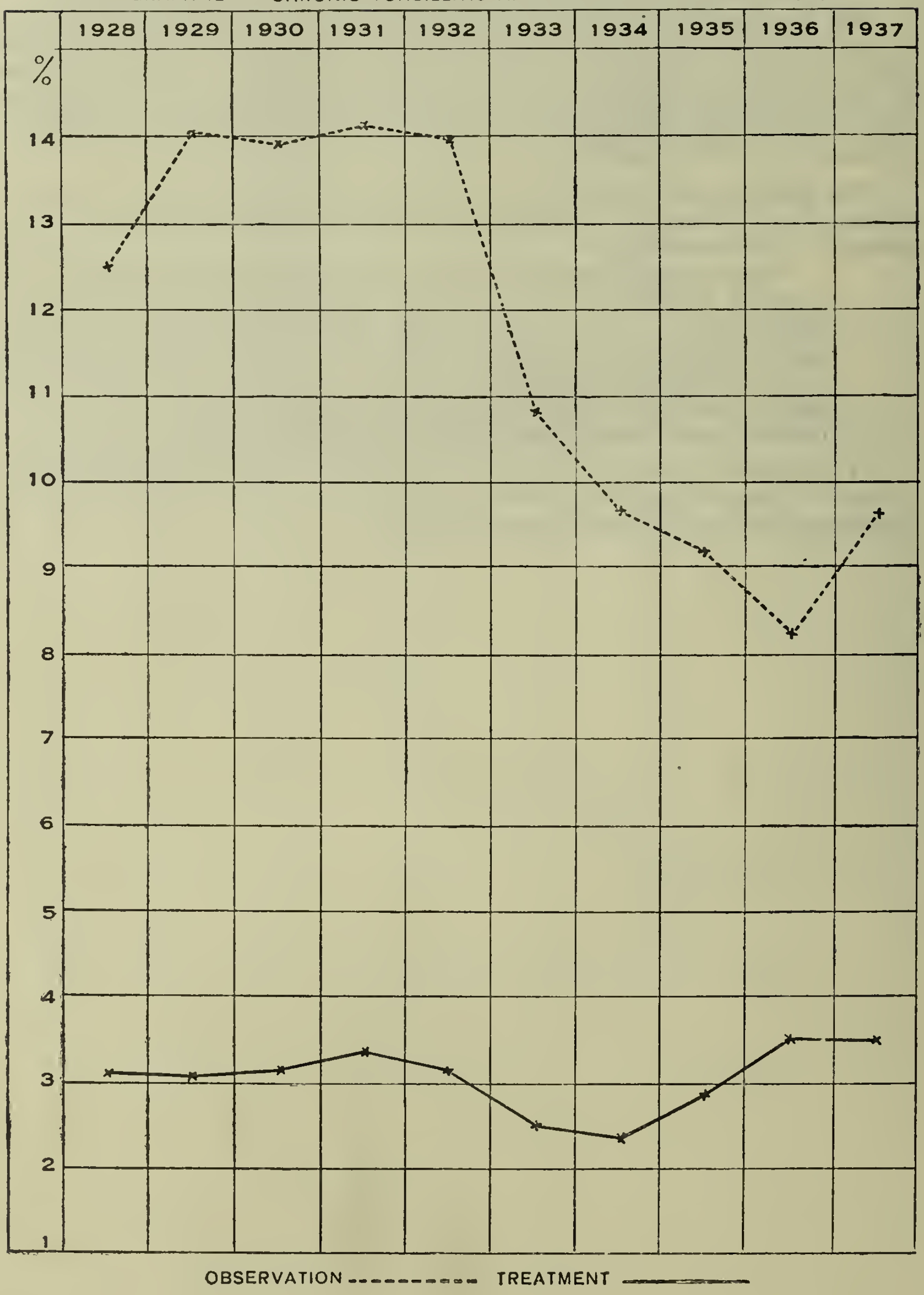
The Medical Research Council in its recently published " Epidemics in Schools " stresses the importance of this exercise of discrimination in selecting cases for operation. The report says :—

> " Few to-day would encourage the retention of diseased or obstructive tonsils, or would cast doubt on the real value of the operation in properly selected cases . . . ; but it is a little difficult to believe that among the mass of tonsillectomies performed to-day all subjects for operation are selected with true discrimination, and one cannot avoid the conclusion that there is a tendency for the operation to be performed as a routine prophylactic ritual for no particular reason, and with no particular result."

The table and graph given on the next page set out in percentage form the number of cases of chronic tonsillitis and adenoids referred for treatment and observation respectively during the last ten years.

Year.	Treatment.	Observation.
1928	3·11	12·57
1929	3·05	14·05
1930	3·16	13·94
1931	3·38	14·11
1932	3·14	13·99
1933	2·51	10·84
1934	2·34	9·69
1935	2·89	9·15
1936	3·53	8·24
1937	3·52	9·67

GRAPH 12 CHRONIC TONSILLITIS AND ADENOIDS—ROUTINE CASES



HEART DISEASE.

It is usual to separate the functional disorders from the organic diseases of the heart. In children especially disturbances in the heart may be due to the action of the nervous system. Nevertheless, the differentiation between what is merely functional and what is truly organic is not always easy to make. An apparently functional disorder may lead to actual cardiac disease. It is important, therefore, that all cases of cardiac abnormality should be kept under observation.

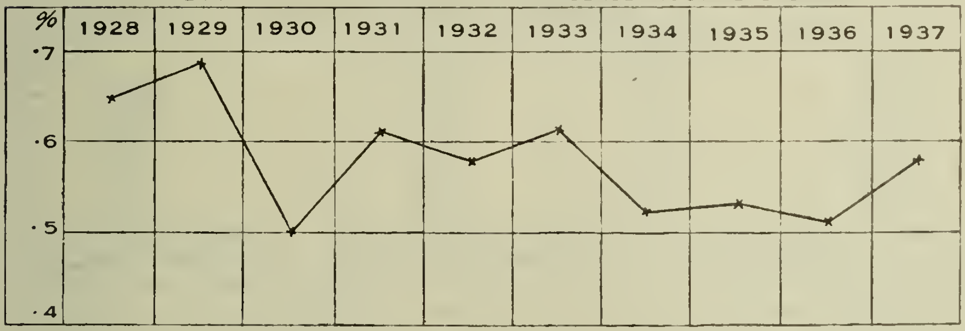
In the routine groups 30 cases of organic heart disease and 13 of functional heart disease were noted as requiring treatment. There were 180 cases of organic heart disease and 871 of functional heart disorder that were noted as needing to be kept under observation.

In some of these cases restriction is required in respect of the forms of physical exercise that may be safely undertaken, and much valuable advice is given to parents and teachers as a result of the inspection of such children.

The percentages for the last 10 years are :—

Year.	Organic.	Functional.
1928	0·65	2·09
1929	0·69	2·24
1930	0·50	2·92
1931	0·61	2·69
1932	0·58	2·84
1933	0·61	3·31
1934	0·52	2·83
1935	0·53	2·78
1936	0·51	3·04
1937	0·58	2·43

GRAPH 13 ORGANIC HEART DISEASE—ROUTINE CASES



RICKETS.

During this century there has been a great decline in the incidence of rickets. For the first few years of school medical inspection in Lancashire a rachitic condition was found in approximately 3·5 per cent. of the children examined. For the last few years the figure has been about 0·5 per cent.

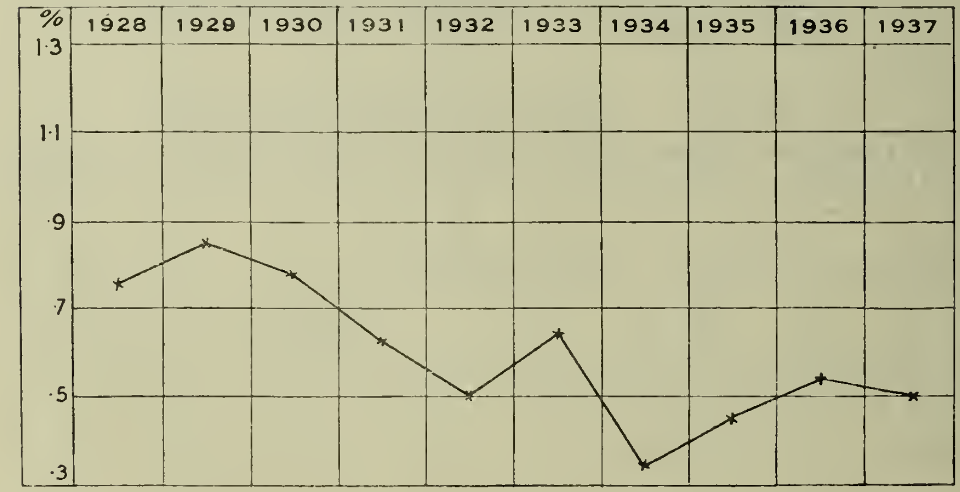
The decline may be attributed to the fact that the fundamental causes of rickets are now known, and that appropriate steps—prophylactic and therapeutic—are now taken. Parents have been taught the importance of sunshine and suitable diet in the prevention of the disease.

In Lancashire in 1937 only 36 cases of rickets were noted among the routine groups as requiring treatment. Thirty-two of these were in the entrant group.

The percentages for the last 10 years are :—

Year.	%
1928	0·75
1929	0·85
1930	0·78
1931	0·62
1932	0·50
1933	0·64
1934	0·34
1935	0·45
1936	0·54
1937	0·50

GRAPH 14 RICKETS—ROUTINE CASES



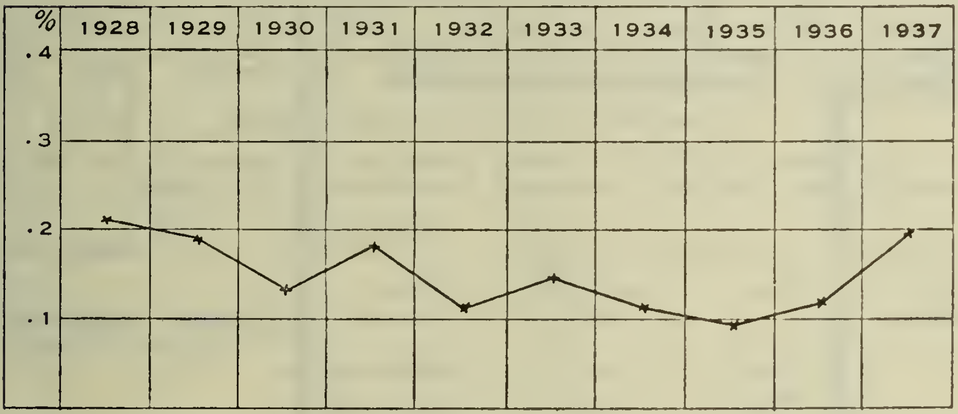
TUBERCULOSIS.

Two actual cases and eight suspected cases of pulmonary tuberculosis were discovered during 1937 during the course of routine examinations.

In respect of non-pulmonary tuberculosis there was a large increase in the number of cases—72 (0·198 per cent.) in 1937 as against 38 (0·115 per cent.) in 1936. The following table and graph show the position in each of the last 10 years :—

Year.	%
1928	0·209
1929	0·192
1930	0·129
1931	0·185
1932	0·110
1933	0·145
1934	0·110
1935	0·096
19 6	0 115
1937	0·198

GRAPH 15 NON-PULMONARY TUBERCULOSIS—ROUTINE CASES



The table below sets out for the years 1933-1937 the number of children suffering from non-pulmonary tuberculosis in the *whole* Administrative County :—

	0-5 years.	5-15 years.	Total.
1933	173 ...	1,227 ...	1,400
1934	161 ...	1,187 ...	1,348
1935	172 ...	1,103 ...	1,275
1936	181 ...	1,111 ...	1,292
1937	160 ...	1,116 ...	1,276

The percentage of 0·198 in 1937 in the first table is disquieting, and especially so when it is known that the increase on the year 1936 is due entirely to an increase in the number of cases amongst intermediates and leavers. The second table tends to be reassuring, but it must be remembered that it refers to the *whole* Administrative County and that the figures are not percentages. It is unfortunate that accurate figures of the population in age-groups are not available for the years 1933–37.

FOLLOWING-UP.

This activity is undertaken to ensure that children for whom treatment has been recommended as a result of Inspections receive it as soon as possible. Most of this work is undertaken by the School Nurses. During the year 1937 the Nurses, as School Nurses, paid 12,382 visits to homes and also made 197,389 examinations of school children in school, paying 4,227 visits to the schools, in addition to the visits paid to, and the work done in the schools when they assisted the Medical Officers at Routine Inspections.

ARRANGEMENTS FOR TREATMENT.

It is evident from the findings of Medical Inspection that treatment is required for a great variety of conditions. For some of these the Education Committee itself provides treatment ; for others it makes arrangements with Hospitals, Infirmaries or other Treatment Centres. Most of the treatment carried out by the Education Committee itself takes place at School Clinics.

Before treatment is carried out several rules are observed. Firstly, cases are referred to their own doctor, who treats them if satisfactory arrangements can be made. If arrangements cannot be made, or are not made within a month, the cases are treated either at a School Clinic or at a Hospital with which the Education Committee has made arrangements. Secondly, parents contribute according to their means. There is an exception in the case of Minor Ailments. For these the parents pay a nominal sum only, and in necessitous cases no charge is made. Thirdly, the consent, in writing, of a parent or guardian is obtained before treatment of any kind is given.

A list of the School Clinics and the forms of treatment undertaken is included in this Report. The establishment of new School Clinics will be continued until such a time as the Area for which the County Council is responsible is adequately served. At the present time combined School Clinics and Child Welfare Centres are being erected in various townships. Specimen plans showing the accommodation of these new buildings are printed in this Report.

Plan A illustrates the type of building at present in course of erection in several of the larger townships.

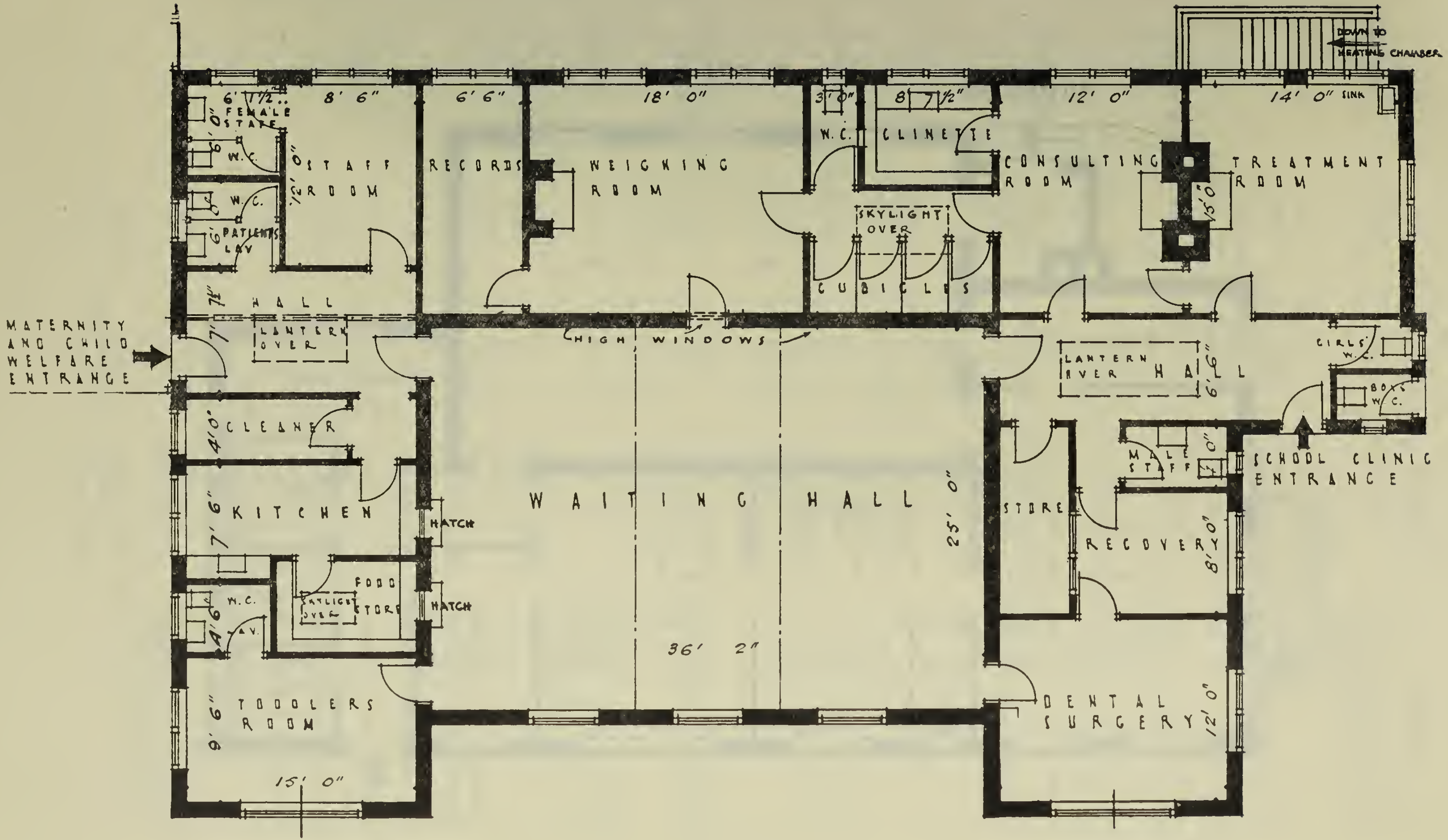
Plan B illustrates the type of building which will shortly be erected in several of the smaller townships (*i.e.*, townships which have a stable population of less than 10,000).

In all cases adequate accommodation for the storage of perambulators is provided. The plans are, of course, subject to slight modification according to the particular requirements of the areas to be served and the size and contour of the sites.

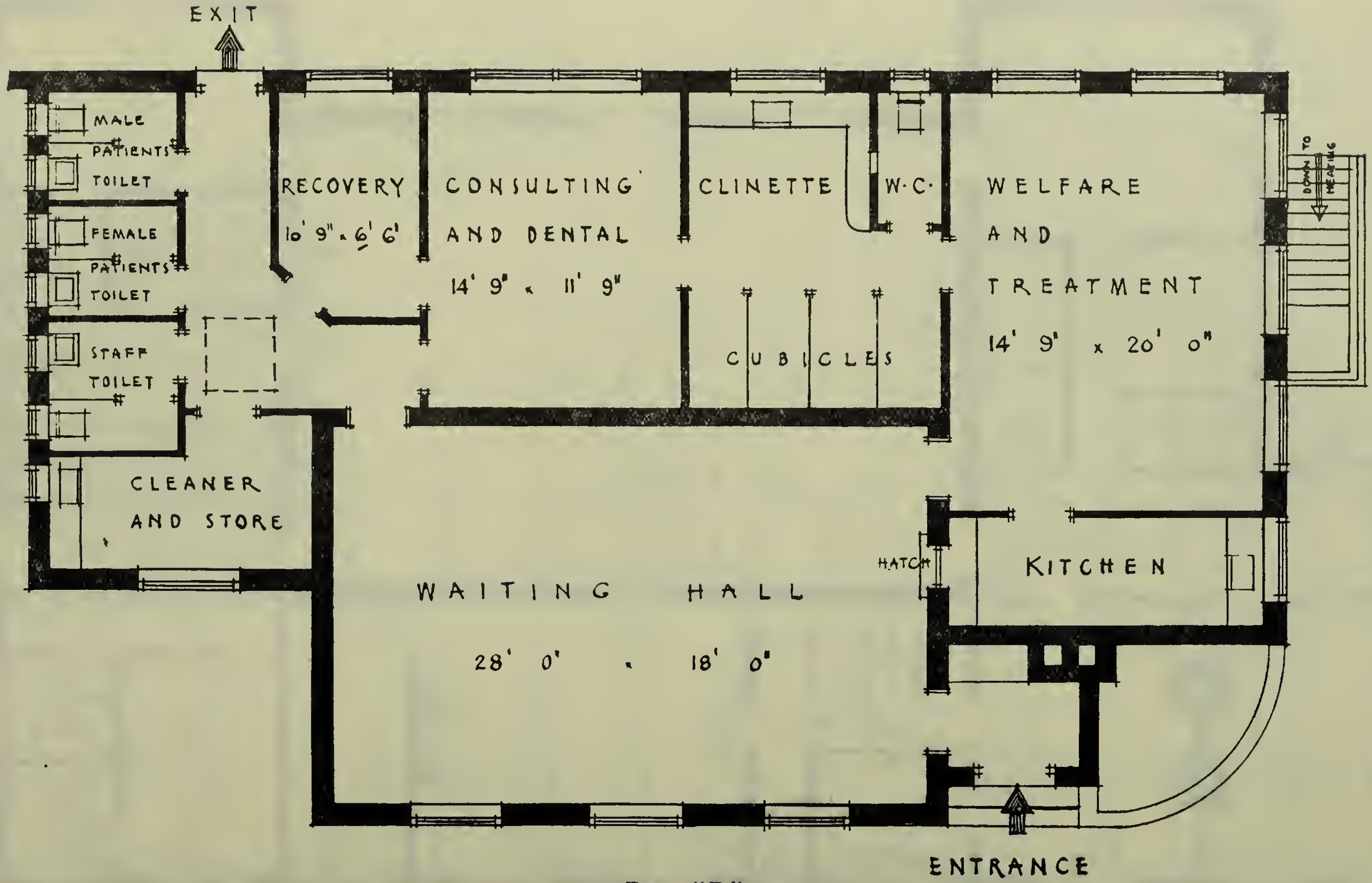
TREATMENT AT COUNTY COUNCIL CLINICS.

The following is a list of the School Clinics open for treatment at the time of going to press. The kind of work which is undertaken in each is shown.

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Ashton-in-Makerfield	Mon.	a.m. & p.m.	Dental	
		a.m.	Orthopædic	Surgeon attends first Monday in each month only.
	Tues.	a.m.	Minor Ailments	
	Wed.	a.m.	Ophthalmic	
	Thurs.	p.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
Ashton-under-Lyne (*a*)	Fri.	a.m. & p.m.	Orthopædic	Surgeon attends first Friday (a.m.). in each month only
Ashton-under-Lyne (*b*)	Mon. Tues. Wed. Thurs. Fri.	p.m.	Artificial light	Doctor attends Tuesday and Friday only.
Atherton	Mon.	p.m.	Artificial light	
		p.m.	Minor ailments	Nurse only. Re-dressings.
	Tues.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	
		a.m.	Artificial light	
	Fri.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open alternate weeks only.
Audenshaw	Mon.	a.m.	Minor ailments	
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
Bamber Bridge	Mon.	a.m.	Minor ailments	
		a.m. & p.m.	Dental	
	Wed.	a.m & p.m.	Dental	Open second and fourth Wednesday (p.m.) each month only.
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Fri.	a.m. & p.m.	Dental	


DOWN TO HEATING CHAMBER
6' 1½"
FEMALE STAFF
6' 0"
W.C.
6' 0"
W.C.
6'
PATIENTS LAV
8' 6"
STAFF ROOM
12' 0"
6' 6"
RECORDS
18' 0"
WEIGHING ROOM
3' 0"
W.C.
8' 7½"
CLINETTE
12' 0"
CONSULTING ROOM
15' 0"
14' 0"
SINK
TREATMENT ROOM
SKYLIGHT OVER
CUBICLES
HALL
7' 7"
LANTERN OVER
MATERNITY AND CHILD WELFARE ENTRANCE
HIGH WINDOWS
LANTERN OVER
HALL
6' 6"
GIRLS' W.C.
BOYS W.C.
4' 0"
CLEANER
7' 6"
KITCHEN
HATCH
HATCH
WAITING HALL
25' 0"
36' 2"
MALE STAFF
7' 0"
SCHOOL CLINIC ENTRANCE
STORE
RECOVERY
8' 0"
FOOD STORE
SKYLIGHT OVER
W.C.
4' 6"
LAV.
9' 6"
TODDLERS ROOM
15' 0"
DENTAL SURGERY
12' 0"

Plan "A"


EXIT
MALE PATIENTS TOILET
FEMALE PATIENTS TOILET
STAFF TOILET
CLEANER AND STORE
RECOVERY
10' 9" × 6' 6'
CONSULTING AND DENTAL
14' 9" × 11' 9"
CLINETTE
W.C.
CUBICLES
WELFARE AND TREATMENT
14' 9" x 20' 0"
DOWN TO HEATING
HATCH
KITCHEN
WAITING HALL
28' 0' × 18' 0"
ENTRANCE

PLAN "B"

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Burnley	Thurs.	p.m.	Orthopædic	Surgeon attends second and fourth Thursdays in each month only.
Carnforth	Mon.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open second Wednesday in each month only.
	Fri.	p.m.	Minor ailments	Nurse only. Re-dressings.
Chadderton	Mon.	a.m. & p.m.	Orthopædic	Surgeon attends third Monday (p.m.) in each month only.
	Fri.	p.m.	Orthopædic	Surgeon attends first Friday in each month only.
Chorley (*a*)	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
	Thurs.	a.m.	Minor ailments	
		a.m. & p.m.	Dental	
Chorley (*b*)	Mon. Wed. Fri.	2—3 p.m. Boys 3—4 p.m. Girls	Artificial light	
Crompton	Mon.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Wed.	a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	
Dalton-in-Furness	Tues.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
	Thurs.	a.m.	Minor ailments	
	Fri.	a.m. & p.m.	Dental	
Darwen	Wed.	a.m. & p.m.	Orthopædic	Surgeon attends third Wednesday (p.m.) in each month only.
Davyhulme	Mon.	a.m.	Minor ailments	
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m. & p.m.	Dental	Open alternate weeks only.
	Thurs.	p.m.	Minor ailments	Nurse only. Re-dressings.
	Fri.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open alternate weeks only.
Droylsden	Mon.	a.m. & p.m.	Dental	Open alternate weeks only.
	Tues.	a.m.	Minor ailments	
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
Earlestown	Mon.	a.m.	Ophthalmic	Alternate weeks only.
		a.m. & p.m.	Dental	
	Tues.	a.m. & p.m.	Dental	
		a.m.	Orthopædic	Surgeon attends first Tuesday alternate months.
	Wed.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Failsworth	Mon.	a.m.	Ophthalmic	Open alternate weeks only.
		p.m.	Minor ailments	Nurse only. Re-dressings.
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m.	Minor ailments	
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
Fleetwood	Mon.	a.m.	Ophthalmic	Third Monday in each month only.
		a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	
		a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
		a.m. & p.m.	Orthopædic	Surgeon attends third Friday in each month only.
		a.m.	Ophthalmic	First, second and fourth Fridays in each month only.
Garstang	Wed.	p.m.	Inspection	
Haydock	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
		p.m.	Orthopædic	Nurse only. Alternate weeks.
	Tues.	a.m.	Orthopædic	Surgeon attends first Tuesday alternate months.
	Wed.	a.m.	Minor ailments	
	Thurs.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
Horwich	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
		p.m.	Dental	
	Tues.	a.m. & p.m.	Dental	
		a.m.	Artificial light	
	Wed.	a.m.	Ophthalmic	Second and fourth Wednesdays in each month
		a.m.	Orthopædic	Surgeon attends first Wednesday in each month only. Nurse attends first and fourth Wednesdays.
	Thurs.	p.m.	Dental	
	Fri.	a.m.	Minor ailments	
		p.m.	Dental	
	Sat.	a.m.	Artificial light	
Huyton	Mon.	a.m.	Ophthalmic	Open alternate weeks only.
	Tues.	a.m.	Minor ailments	
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
Irlam	Mon.	a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	Open alternate weeks only.
	Thurs.	a.m.	Ophthalmic	Open alternate weeks only.
		p.m.	Orthopædic	Surgeon attends third Thursday in each month only.
		a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	Nurse only. Re-dressings.

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Kearsley	Mon.	a.m.	Ophthalmic	
	Tues.	a.m. & p.m.	Dental	
		a.m.	Orthopædic	Nurse only.
		p.m.	Minor ailments	Nurse only. Re-dressings.
	Wed.	p.m.	Orthopædic	Surgeon attends first Wednesday in each month only.
	Thurs.	a.m.	Minor ailments	
	Fri.	a.m. & p.m.	Dental	
Kirkham	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Thurs.	a.m.	Minor ailments	
Lancaster	Tues.	a.m.	Orthopædic	Surgeon attends third Tuesday, alternate months. Nurse attends alternate Tuesdays.
	Thurs.	a.m.	Ophthalmic	Open by arrangement when sufficient number of cases for treatment. Day changed to Monday during summer months.
Leyland	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
		p.m.	Orthopædic	Surgeon attends first Monday in each month only.
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m.	Ophthalmic	
	Thurs.	a.m.	Minor ailments	
	Fri.	a.m. & p.m.	Dental	
Litherland	Mon.	a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	
		p.m.	Dental	
	Wed.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Ophthalmic	
		a.m.	Orthopædic	Surgeon attends second Thursday in each month only.
		p.m.	Dental	
	Fri.	a.m.	Minor ailments	Nurse only. Re-dressings.
Littleborough	Mon.	a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
	Thurs.	a.m.	Minor ailments	
Longridge	Mon.	a.m.	Minor ailments	
		a.m. & p.m.	Dental	
	Wed.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
Milnrow	Tues.	a.m. & p.m.	Dental	
		a.m.	Minor ailments	
	Fri.	a.m.	Minor ailments	Nurse only. Re-dressings.
Nelson (*a*)	Fri.	p.m.	Orthopædic	Surgeon attends third Friday (a.m.) in each month only.

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Nelson (*b*)	Tues.	a.m. & p.m.	Dental	
	Wed.	p.m.	Ophthalmic	Open first Wednesday in each month only.
	Thurs.	a.m.	Minor ailments	
	Fri.	a.m. & p.m.	Dental	
Ormskirk (*a*)	Mon.	a.m.	Minor ailments	Medical Officer attends alternate weeks only. (Re-dressings by Hospital staff each day).
	Fri.	a.m. & p.m.	Dental	
Ormskirk (*b*)	Tues.	p.m.	Orthopædic	Nurse only, except second Tuesday in each month.
	Fri.	a.m.	Orthopædic	Surgeon attends first Friday in each month only.
Orrell	Tues.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Wed.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	
	Fri.	p.m.	Ophthalmic	
Oswaldtwistle	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Tues.	a.m.	Ophthalmic	Open alternate weeks only.
	Wed.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	
	Fri.	a.m. & p.m.	Dental	
Padiham	Mon.	a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
		p.m.	Ophthalmic.	Open every third Wednesday. Session postponed one week when falling on first Wednesday in month
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	Nurse only. Re-dressings.
Preesall	Tues.	a.m. & p.m.	Dental	
	Thurs.	a.m.	Minor ailments	Medical Officer attends alternate weeks.
Prescot	Mon.	a.m. & p.m.	Dental	
		a.m.	Minor ailments	
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m. & p.m.	Dental	
		p.m.	Ophthalmic	
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Fri.	a.m. & p.m.	Dental	
		a.m. & p.m.	Orthopædic	Surgeon attends fourth Friday (p.m.) in each month only.
Preston	Wed.	a.m. & p.m.	Orthopædic	Surgeon attends third Wednesday in each month only.
Ramsbottom	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Tues.	a.m. & p.m.	Dental	
	Wed.	a.m.	Minor ailments	
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m.	Ophthalmic	Open alternate weeks only.

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Rawtenstall	Wed.	a.m.	Orthopædic	Surgeon attends fourth Wednesday in each month only.
Rishton	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Tues.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	
	Wed.	p.m.	Orthopædic	Surgeon attends fourth Wednesday in each month only.
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	
Rochdale	Mon.	a.m.	Orthopædic	Surgeon attends each week.
	Fri.	p.m.	Ophthalmic	Open alternate weeks only.
Royton	Mon.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open alternate weeks only.
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	Nurse only. Re-dressings.
Skelmersdale	Wed.	p.m.	Inspection	First Wednesday in each month only.
Thornton-le-Fylde	Mon.	a.m.	Minor ailments	Medical Officer attends alternate weeks.
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
Tyldesley	Mon.	a.m. & p.m.	Dental	
		p.m.	Orthopædic	Nurse only.
	Tues.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
		a.m.	Orthopædic	Surgeon attends second Wednesday in each month only.
	Thurs.	a.m. & p.m.	Dental	
		p.m.	Minor ailments	Nurse only. Re-dressings.
	Fri.	a.m.	Ophthalmic	Open alternate weeks only.
Ulverston	Mon.	a.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
	Tues.	a.m. & p.m.	Dental	
		p.m.	Orthopædic	Third Tuesday alternate months.
	Wed.	a.m.	Minor ailments	
	Thurs.	a.m.	Ophthalmic	Open alternate weeks only.
		a.m. & p.m.	Dental	

Township.	Days and Times of Opening.		Nature of work undertaken.	Remarks.
Walkden	Mon.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open alternate weeks only
	Tues.	a.m.	Minor ailments	Nurse only. Re-dressings
	Wed.	a.m. & p.m.	Dental	
	Thurs.	a.m. & p.m.	Dental	
	Fri.	a.m.	Minor ailments	
Westhoughton	Mon.	a.m.	Dental	
		a.m.	Minor ailments	
	Tues.	p.m.	Artificial light.	
	Wed.	a.m. & p.m.	Dental	
		a.m.	Ophthalmic	Open every fourth Wednesday only.
	Thurs.	a.m.	Dental	
		p.m.	Minor ailments	Nurse only. Re-dressings.
	Fri.	a.m.	Dental	
		a.m.	Artificial light	
Whitefield	Mon.	a.m. & p.m.	Dental	
	Tues.	a.m.	Minor ailments	
	Wed.	a.m. & p.m.	Dental	
		a.m.	Orthopædic	Surgeon attends third Wednesday in each month only.
	Thurs.	a.m. & p.m.	Orthopædic	Nurse only.
	Fri.	a.m.	Ophthalmic	Open alternate weeks only.
		p.m.	Minor ailments	Nurse only. Re-dressings.
		a.m. & p.m.	Dental	
Whitworth	Mon.	a.m.	Minor ailments	
	Thurs.	a.m.	Minor ailments	Nurse only. Re-dressings.
	Fri.	a.m. & p.m.	Dental	
Wigan	Mon.	a.m.	Orthopædic	Surgeon attends first and third Mondays in each month only.

The following table shows the number of attendances made at the various School Clinics during the past year :—

NAME OF CLINIC.	MINOR AILMENTS AND INSPECTION.				DENTAL.			OPHTHALMIC.		ARTIFICIAL LIGHT.	
	Children in Attendance at School.		Children under 5 and not at School.		Children in Attendance at School.	Children under 5 and not at School.	Nursing and Expectant Mothers.	Children in Attendance at School.	Children under 5 and not at School.	Children in Attendance at School.	Children under 5 and not at School.
	Treatment.	Inspection.	Treatment.	Inspection.							
Ashton-in-Makerfield	1827	1230	5	1	1269	4	5	782	16	...	...
Ashton-under-Lyne...	...	...	...	...	...	...	...	...	...	130	399
Atherton	1878	490	...	...	1374	4	38	528	13	1306	528
Audenshaw	3047	843	38	1	1872	14	...	402	14	...	...
Carnforth	286	234	157	156	694	10	29	158	14	...	...
Chorley	520	160	89	10	1267	2	15	263	12	375	189
Crompton	1987	353	22	11	1196	12	...	303	26	...	...
Dalton-in-Furness ...	2048	371	393	204	613	11	35	203	25	...	...
Davyhulme	520	683	17	10	1567	70	18	346	53	...	...
Droylsden	1554	620	12	11	1086	25	5	218	19	...	...
Earlestown	1757	553	39	11	1957	42	56	367	59	...	...
Failsworth	2730	707	51	22	1666	31	12	602	49	...	...
Fleetwood	5160	562	514	43	3188	92	117	419	57	...	...
Great Crosby ...	105	98	...	...	878	23	4	...	...	...	...
Haydock	1694	231	51	13	553	29	75	398	59	...	...
Horwich	2574	635	...	...	1148	5	9	293	12	281	...
Huyton	4182	1323	106	59	...	...	...	121	15	...	...
Irlam	1229	511	27	6	1408	22	17	337	12	...	...
Kearsley	1041	366	...	...	1089	5	4	667	27	...	...
Kirkham	671	477	112	...	...	...	...	...	...	...	...
Lancaster	...	...	...	...	...	...	...	53	2	...	...
Leyland	5109	404	345	15	1393	40	25	323	23	...	...
Litherland	2165	38	60	...	1751	96	51	704	42	...	...
Littleborough	2041	479	34	2	847	12	4	415	25	...	...
Longridge	3933	612	246	17	946	37	32	284	18	...	...
Longton	...	...	...	...	...	...	...	95	1	...	...
Milnrow	2671	165	24	2	507	9	3	....	...	...	...
Ormskirk	1448	138	1	7	647	28	32	...	...	...	...
Orrell...	1374	518	22	8	761	12	43	644	71	...	...
Orrell (Orthoptic) ...	...	...	...	...	...	...	...	237	67	...	...
Oswaldtwistle ...	430	1419	6	4	1208	5	1	229	12	...	...
Padiham	948	485	19	1	1689	...	7	169	14	...	...
Prescot	1851	1357	60	20	1514	157	176	335	41	...	...
Ramsbottom ...	1015	194	3	...	1168	5	...	352	...	...	...
Rishton	585	1786	11	11	1812	...	...	478	10	...	...
Rochdale	...	...	...	...	...	...	...	225	43	...	...
Royton	4269	475	...	...	1633	...	...	418	...	...	...
Skelmersdale ...	...	306	...	...	...	...	...	...	...	...	...
Thornton-le-Fylde ...	3766	586	956	59	...	...	...	...	...	...	...
Tyldesley	2444	556	11	4	1866	5	7	888	10	...	...
Ulverston	3299	480	257	315	1597	14	31	333	25	...	...
Walkden	664	311	6	6	1861	11	...	329	21	...	...
Westhoughton ...	2121	271	...	...	1357	14	25	415	...	310	...
Whitefield	1687	450	2	...	2622	56	13	472	16	...	...
Whitworth ...	1975	171	16	...	695	2	5	...	...	...	...
Total ...	78605	21648	3712	1029	48699	904	894	13805	923	2402	1116

Total number of attendances made by children of school age	165,159
Total number of attendances made by Child Welfare cases	8,578
Grand Total	173,737

Arrangements have been made with the following Hospitals and Clinics for the treatment of specified classes of defect :—

Ashton-under-Lyne District Infirmary	Tonsils and adenoids, refractions, operative treatment of squint, X-ray treatment of ringworm.
Ashton-under-Lyne Clinic (Secondary School cases)	Refractions, teeth.
Blackburn Royal Infirmary	Tonsils and adenoids, X-ray treatment of ringworm, refractions, operative treatment of squint.
Blackburn School Clinic	Teeth.
Blackburn Orthoptic Clinic	Orthoptic treatment of squint.
Blackburn Ultra-Violet Light Clinic	Ultra-Violet Light.
Bolton Royal Infirmary	Refractions, tonsils and adenoids, X-ray treatment of ringworm, operative treatment of squint.
Bolton School Clinic	Teeth.
Burnley Victoria Hospital	Refractions, tonsils and adenoids, operative treatment of squint.
Burnley Orthoptic Clinic	Orthoptic treatment of squint.
Bury Infirmary	Tonsils and adenoids, refractions, operative treatment of squint, X-ray treatment of ringworm.
Chorley Hospital	Tonsils and adenoids, operative treatment of squint.
Colne Hartley Hospital	Refractions, tonsils and adenoids, operative treatment of squint.
Darwen Clinic (Secondary School cases)	Refractions, teeth.
Davyhulme Park Hospital	Tonsils and adenoids.
Farnworth Clinic (Secondary School Cases)	Teeth.
Fleetwood Hospital	Tonsils and adenoids.
Lancaster Royal Infirmary	Tonsils and adenoids.
Leigh Borough Clinic	Tonsils and adenoids.
Liverpool Eye, Ear and Throat Infirmary (Myrtle Street)	Tonsils and adenoids, refractions, operative treatment of squint.
Liverpool St. Paul's Eye Hospital	Operative treatment of squint.
Liverpool Alder Hey Hospital	Anæmia, ringworm of the head, otorrhœa and Ultra-Violet light.
Liverpool Belmont Road Hospital	Scabies and other skin diseases.
Lytham Hospital	Operative treatment of squint.
Manchester Ancoats Hospital	Aural cases (operative treatment), tonsils and adenoids.
Manchester Dental Hospital	Orthodontic treatment.
Manchester Royal Eye Hospital	Orthoptic and operative treatment of squint.
Manchester and Salford Hospital for Skin Diseases	X-ray treatment of ringworm

Morecambe Clinic (Secondary School cases)	Refractions, teeth.
Nelson, Reedyford Memorial Hospital	Tonsils and adenoids, operative treatment of squint, refractions.
Oldham Royal Infirmary	Refractions, operative treatment of squint, X-ray treatment of ringworm, tonsils and adenoids.
Ormskirk General Hospital	Tonsils and adenoids, refractions, eye operations.
Preston Royal Infirmary	Tonsils and adenoids, X-ray treatment of ringworm, refractions, operative treatment of squint, aural treatment.
Radcliffe Clinic (Secondary School Cases)	Refractions, teeth.
Ramsbottom Cottage Hospital	Tonsils and adenoids.
Rawtenstall Clinic	Minor ailments, teeth, refractions.
St. Helens Peasley Cross Hospital	Refractions, operative treatment of squint, tonsils and adenoids, operative treatment of aural defects.
St. Helens Clinic	Minor ailments, teeth.
Southport Infirmary (Pilkington Road)	Tonsils and adenoids.
Stretford Clinic (Secondary School cases)	Tonsils and adenoids, refractions, aural treatment, teeth.
Ulverston Cottage Hospital	Tonsils and adenoids.
Warrington Infirmary	Tonsils and adenoids, refractions, operative treatment of squint.
Whiston Infirmary	Operative treatment of squint.
Widnes Accident Hospital	Tonsils and adenoids.
Widnes School Clinic	Refractions, teeth, minor ailments.
Wigan Royal Infirmary	Tonsils and adenoids.
Wigan, Tower Buildings	Refractions.

The following statement shows the number of individual children who received treatment under the Hospital Scheme of the Lancashire County Council during the twelve months ended 31st December, 1937 :—

Disease or Defect.	Elementary.	Secondary.	Child Welfare.	Total.
Enlarged Tonsils and Adenoids ...	2,203	17	127	2,347
Defective Vision	518	63	26	607
Squint	151	3	9	163
Aural	32	3	...	35
Ringworm	10	...	2	12
Teeth	84	58	1	143
Minor Ailments	14	...	7	21

The following table shows the number of cases treated at each Hospital, Infirmary, or Treatment Centre with which the Lancashire County Council has made arrangements:—

Hospital, Infirmary, or Treatment Centre.	Tonsils and Adenoids.			Defective Vision.			Squint.			Ringworm.			Aural.			Teeth.			Minor Ailments.		
	E.	S.	C.W.	E.	S.	C.W.	E.	S.	C.W.	E.	S.	C.W.	E.	S.	C.W.	E.	S.	C.W.	E.	S.	C.W.
Ancoats Hospital	158	2	12	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...	...	...	...
Ashton-under-Lyne District Infirmary ...	77	...	6	10	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ashton-under-Lyne Clinic	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Blackburn Dental Clinic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	...	...	...	...	...
Blackburn Royal Infirmary	288	3	1	5	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Bolton Royal Infirmary	283	2	7	1	3	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Burnley Victoria Hospital	28	...	4	35	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burnley Orthoptic Clinic	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bury Infirmary	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chorley Hospital	74	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colne 'Hartley' Hospital	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Darwen Clinic	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	13	...	...	...	...
Davyhulme Park Hospital	132	2	9	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Fleetwood Hospital	183	2	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh Borough Clinic	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Liverpool Alder Hey Hospital	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6
Liverpool Belmont Road Hospital	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	1
Liverpool Eye, Ear and Throat Infirmary ...	162	1	9	...	...	...	10	...	4	...	...	...	2	...	...	...	...	...	...	...	...
Liverpool St. Paul's Eye Hospital	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Manchester and Salford Hospital for Skin Dis.	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...
Manchester Royal Eye Hospital	...	...	...	...	...	...	110	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Manchester Dental Hospital	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	65	...	...	...	...	...
Morecambe Clinic	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...
Oldham Royal Infirmary	79	...	10	10	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ormskirk General Hospital	89	...	6	111	13	15	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Preston Royal Infirmary	222	2	14	123	...	5	8	...	3	2	...	2	1	...	...	...	...	...	...	...	...
Radcliffe Clinic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...
Ramsbottom Cottage Hospital	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall Clinic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...
St. Helens Clinic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33	...	...	...	...	...
St. Helens, Peasley Cross Hospital	179	1	15	...	...	...	11	...	2	...	...	...	10	...	...	...	...	...	...	...	...
Southport Infirmary	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford Clinic	...	1	...	...	31	...	...	...	...	...	...	...	...	2	...	...	11	...	...	...	...
Ulverston Cottage Hospital	91	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Warrington Infirmary	82	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes Clinic	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	29	1	...	...	...
Wigan Royal Infirmary	39	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wigan, Tower Buildings (Dr. Bywater) ...	...	...	...	147	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
,, ,, ,, (Dr. Holmes) ...	...	...	...	72	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	2203	17	127	518	63	26	151	3	9	10	...	2	32	3	...	131	58	1	14	...	7

E. Elementary School Children. S. Secondary, Continuation and Technical School Children. C.W. Children in attendance at Child Welfare Centres.

ARRANGEMENTS FOR THE TREATMENT OF CERTAIN CONDITIONS.

Minor Ailments and Inspection.

Minor ailments include defects such as discharging ears, external eye diseases, skin diseases, minor injuries, etc., and 14,528 individual school children received treatment for these conditions under the Committee's scheme during the year.

Medical inspection is available for all children.

Tonsils and Adenoids.

Arrangements are now in force with the following Hospitals and Clinics for the operative treatment of Tonsils and Adenoids :—Ancoats Hospital, Manchester ; Ashton-under-Lyne Infirmary ; Blackburn Royal Infirmary ; Bolton Infirmary ; Burnley Victoria Hospital ; Bury Infirmary ; Chorley Hospital ; Davyhulme Park Hospital ; Fleetwood Hospital ; Hartley Hospital, Colne ; Lancaster Royal Infirmary ; Leigh Borough Clinic ; Myrtle Street Hospital, Liverpool ; Oldham Royal Infirmary ; Ormskirk Cottage Hospital ; Peasley Cross Hospital, St. Helens ; Preston Royal Infirmary ; Ramsbottom Cottage Hospital ; Reedyford Memorial Hospital, Nelson ; Southport Infirmary ; Stretford Clinic ; Ulverston Cottage Hospital ; Warrington Infirmary ; Widnes Accident Hospital ; Wigan Royal Infirmary.

During the year the number of Elementary School children who received operative treatment for this condition was 2,320, of whom 2,203 were treated under the Committee's scheme.

Aural Disease.

Arrangements are now in force with the following Hospitals and Clinics for operative and other treatment in cases of ear disease :—Ancoats Hospital, Manchester ; Peasley Cross Hospital, St. Helens ; Preston Royal Infirmary ; and Stretford Clinic.

During the year 32 Elementary School children received treatment under the Committee's scheme.

Tuberculosis.

The treatment of school children suffering from tuberculosis is in the hands of the Tuberculosis Committee of the Lancashire County Council, and all cases for treatment are referred to the Tuberculosis Officer for the area concerned.

Defects of Vision.

The treatment of defects of vision is undertaken either in the Eye Departments of General Hospitals or in the Eye Departments of the Committee's own Clinics. In the former case it is undertaken by the Specialist Staff of the Hospital ; in the latter case by part-time Visiting Specialists. Arrangements have been made with the following Hospitals :—Ashton-under-Lyne ; Blackburn ; Bolton ; Burnley ; Bury ; Colne ; Liverpool, Myrtle Street Eye and Ear, and St. Paul's Eye ; Manchester Royal Eye ; Oldham ; Ormskirk ; Preston ; Memorial Hospital, Nelson ; St. Helens ; Warrington ; Whiston ; Wigan (Tower Buildings) ; also at the following Clinics :—Ashton-under-Lyne ; Darwen ; Morecambe ; Radcliffe ; Rawtenstall ; Stretford ; Widnes.

Visiting Specialists attend the Committee's School Clinics in Ashton-in-Makerfield, Atherton, Audenshaw, Carnforth, Chorley, Crompton, Dalton-in-Furness, Davyhulme, Droylsden, Earlestown, Failsworth, Fleetwood, Haydock, Horwich, Irlam, Kearsley, Lancaster, Leyland, Litherland, Littleborough, Longridge, Orrell, Oswaldtwistle, Padiham, Prescot, Ramsbottom, Rishton, Rochdale, Royton, Tyldesley, Ulverston, Walkden, Westhoughton and Whitefield.

The number of Elementary School children who received treatment for errors of refraction (including squint) was 6,906, of whom 6,739 were dealt with under the Committee's scheme.

Arrangements have also been made with certain firms of opticians, in connection with each Ophthalmic Clinic or Hospital, to supply spectacles at a fixed low charge. In necessitous cases the charge is reduced or remitted altogether. The number of children who either purchased glasses or received them free under this scheme was 4,353.

In one area a local charity has arranged for the treatment of visual defect in Elementary School children, and provides spectacles free of charge to every child requiring them.

Squint.

The arrangements for the operative treatment of this condition are detailed elsewhere in the Report. Orthoptic treatment is carried out at certain of the School Clinics, and arrangements have also been made with the Manchester Royal Eye Hospital, and the Blackburn and Burnley Education Committees. Additional arrangements are contemplated in Preston and Lancaster.

The following table, which deals with County children only, has been supplied by the Orthoptic Department of the Manchester Royal Eye Hospital :—

Case No.	Age in years.	Vision Before		Vision After		Squint.		Treatment.			Remarks.
		R.	L.	R.	L.	Before.	After.	Orthoptic	Operation.	Glasses.	
1	9½	6/12	6/12	6/6	6/6	+25°	0°	48	...	...	Examined frequently. since discharge. Still perfect.
2	9	6/18	6/18	6/12	6/12	+15°	+3°	25	...	Prescribed	,,
3	11	6/24	6/9	6/12	6/9	+30°	0°	22	Yes.	,,	,,
4	10½	6/6	6/12	6/6	6/9	+20°	0°	25	Yes.	...	,,
5	8	6/9	6/18	6/6	6/9	+30°	0°	20	Yes.	Prescribed	,,
6	7	6/24	6/5	6/12	6/6	+10°	0°	23	...	...	,,
7	13	6/6	6/12	6/5	6/9	+15°	0°	19	Yes.	...	,,
8	6½	6/36	6/12	6/24	6/12	+45°	0°	43	Yes.	Prescribed	,,
9	9	4/60	6/9	6/12	6/9	+20°	0°	12	Yes.	,,	,,
10	8	6/24	fingers	6/12	6/24	+40°	0°	21	Yes.	,,	,,
11	13	6/18	6/9	6/12	6/6	+15°	0°	18	...	...	,,
12	8	4/60	6/12	6/9	6/9	+20°	+4°	24	Yes.	Prescribed	Appearance good.
13	8	6/18	3/60	6/18	6/18	+60°	0°	29	Yes.	,,	Still perfect
14	9	6/18	4/60	6/18	6/18	+45°	0°	29	Yes.	,,	,, ,,
15	10½	6/12	6/6	6/9	6/9	+40°	—10°	31	Yes.	...	Appearance slightly divergent.
16	11½	6/36	6/12	6/18	6/12	+25°	+3°	35	Yes.	Prescribed	Appearance good.
17	9	6/9	6/18	6/6	6/9	+4°	0°	7	...	...	Perfect.
18	10½	6/36	6/6	6/24	6/6	+10°	0°	30	Yes.	Prescribed	,,
19	8½	6/12	6/60	6/12	6/12	+40°	0°	34	Yes.	,,	,,
20	12	2/60	6/9	6/18	6/6	+25°	+10°	28	...	...	Appearance fairly good.
21	10½	6/18	6/12	6/12	6/6	+20°	+10°	31	Yes.	Prescribed	,,
22	11	6/36	6/12	6/18	6/12	+60°	+20°	16	Yes.	,,	Further operation postponed.

Dental Defects.

The dental staff now consists of eighteen full-time dental surgeons, each assisted by a dental attendant. Dental Clinics have been established in Ashton-in-Makerfield, Atherton, Audenshaw, Bamber Bridge, Carnforth, Chorley, Crompton Dalton-in-Furness, Davyhulme, Droylsden, Earlestown, Failsworth, Fleetwood, Haydock, Horwich, Irlam, Kearsley, Leyland, Litherland, Littleborough, Longridge, Milnrow, Nelson, Ormskirk, Orrell, Oswaldtwistle, Padiham, Preesall, Prescot, Ramsbottom, Rishton, Royton, Tyldesley, Ulverston, Walkden, Westhoughton, Whitefield and Whitworth.

The number of Elementary School children who received treatment during the year was 29,215.

Apart from routine work the dental surgeons treat, on the recommendation of the Medical Officer, the following classes :—

(1) Expectant and Nursing Mothers ;
(2) Children under school age ;
(3) Casuals.—These are of three types :—
    Urgent cases, *e.g.*, toothache, dental abscess ;
    Cases where the mouth has to be put into a clean condition previous to operation for tonsils and adenoids ;
    Cases in which the Medical Officer requests that dental treatment should be given for some other medical reason.

During the year 59,262 children attending Elementary Schools were inspected by the School Dental Surgeons; of these, 41,504, or 70·0 per cent., were found to require treatment, and of those requiring treatment 70·4 per cent. actually obtained it, as against percentages of 66·9 and 69·9 respectively for 1936.

	Total Inspections.	Percentage needing Treatment.	Percentage actually treated of those in previous Column.
1925	10,458	81·3	75·8
1926	18,676	80·7	77·3
1927	25,434	78·7	78·8
1928	34,037	74·6	67·2
1929	40,053	78·5	64·1
1930	46,550	77·0	66·1
1931	49,025	78·2	68·8
1932	61,869	73·7	62·4
1933	61,374	73·1	62·7
1934	59,846	78·9	66.3
1935	68,189	67·7	64·5
1936	60,795	66·9	69·9
1937	59,262	70·0	70·4

The number of schools covered by the dental scheme is 439, and this embraces about 80 per cent. of the children in average attendance at schools in the County area.

Circular 1444 of the Board of Education states that authorities should aim at securing an initial dental inspection of each child on its entry into school life, to be followed by an annual re-examination until the child ceases to attend school. On this basis the Board estimates that, with a normal number of acceptances for treatment, a minimum standard should consist of one dental surgeon for 5,000 children in an urban area and 4,000 children in a rural area, although this would be insufficient where a high percentage of parents accept treatment for their children. To reach this minimum standard in the Administrative County an additional nine dental surgeons would be required.

Arrangements have been made with the Manchester Dental Hospital for the treatment of orthodontic defects in children residing in those parts of the County Area which are within easy reach of the hospital. During the year 1937, 65 such cases were treated. They made 343 attendances.

Orthopædic and Postural Defects.

The treatment of crippling defects is a protracted process, involving lengthy and expert after-care, without which the necessary initial procedures of the surgeon are either futile or largely wasted in many types of case. In treating a crippled child the surgeon not only determines the exact surgical or manipulative measures which are the first step in the process of cure or amelioration, but also clearly envisages and marks out the subsequent and remote path by which the patient is to be led to the desired end.

As a matter of administration, the treatment of cripples may be arranged in one of two ways. The patient may be kept in a suitable type of hospital for the duration of his treatment, often lasting over a term of years; or, after a period in hospital during which any necessary surgical measures are carried out, he may be discharged and kept under expert supervision at After-Care Centres. The first is probably the ideal way, but generally speaking it is impracticable. The advantage of the second method, apart from the reduction in cost, is that it enables a much greater number of cases to be treated. It is the method which has been adopted in Lancashire.

For the purposes of the Lancashire County Council Orthopædic Scheme, the County has been divided into two regions. In one region the base of operations is Manchester; in the other, Liverpool.

The " Manchester " Region.

The work in the " Manchester " region is under the direction of Mr. Harry Platt, M.D., M.S., F.R.C.S., who acts as Consultant Orthopædic Surgeon. He is assisted in the work by four other Orthopædic Surgeons.

The hospitals concerned are the Manchester Royal Infirmary (Orthopædic Department), the Biddulph Orthopædic Hospital, and the Ethel Hedley Hospital, Windermere.

The Orthopædic Department of the Manchester Royal Infirmary is very extensive and complete ; every facility exists for diagnosis, treatment and after-care. Arrangements have been made for the use of beds, for operations, for X-rays for diagnosis or (where necessary) for treatment, for attendance in the out-patient department for diagnosis or treatment, and for treatment in the massage and remedial exercises department.

The Ethel Hedley Hospital is delightfully situated on the shore of Windermere, in the purest of air, and the most beautiful surroundings. The County Council have made arrangements for a minimum of one-third of the accommodation. The hospital is recognised by the Board of Education as a Special School.

The Manchester Royal Infirmary receives only short-stay cases. Ancoats Hospital also, is available for such cases. Cases needing prolonged treatment are sent either to the Biddulph or Ethel Hedley Hospital.

The following Local Authorities are now included in this part of the County's Scheme :—

The County Boroughs of Burnley, Bury and Wigan.

The Municipal Boroughs of Accrington, Ashton-under-Lyne, Bacup, Clitheroe, Colne, Darwen, Eccles, Haslingden, Heywood, Lancaster, Leigh, Morecambe, Mossley, Nelson, Rawtenstall.

The Urban Districts of Chadderton, Farnworth, Hindley, Ince-in-Makerfield and Radcliffe.

In addition, the Urban Districts of Denton, Horwich, Tyldesley and Westhoughton, which are autonomous for Maternity and Child Welfare Work, have also joined the scheme in respect of their children under school age.

After-care Centres for this portion of the scheme have been established at Ashton-under-Lyne, Burnley, Chadderton, Darwen, Horwich, Irlam, Kearsley, Lancaster, Leyland, Nelson, Rawtenstall, Rishton, Rochdale, Tyldesley, Ulverston, Whitefield and Wigan.

The " Liverpool " Region.

The work in the " Liverpool " region is under the direction of Mr. T. P. McMurray, M.CH., F.R.C.S., who acts as Consultant Orthopædic Surgeon. He is assisted in the work by two other Orthopædic Surgeons.

The hospital concerned is the Royal Liverpool Children's Hospital, Myrtle Street, with its branch at Heswall.

The Orthopædic Department at Myrtle Street offers every facility for diagnosis, treatment, and after-care. The arrangements made with this hospital are similar to those made with the Manchester Royal Infirmary.

The hospital at Heswall is beautifully situated in the Wirral Peninsula overlooking the estuary of the Dee. It is recognised by the Board of Education as a Special School.

Only short-stay cases are admitted to Myrtle Street, the long-stay cases going to Heswall.

The following Local Authorities are now included in this part of the scheme :—

The County Boroughs of Blackpool and Preston, and the Municipal Borough of Lytham St. Annes.

In addition, the Urban Districts of Golborne and Newton-in-Makerfield, which are autonomous for Maternity and Child Welfare, have joined the scheme in respect of their children under school age.

After-care Centres for this part of the scheme have been established at Ashton-in-Makerfield, Earlestown, Fleetwood, Haydock, Litherland, Ormskirk, Prescot and Preston.

Procedure.

New cases are ordinarily seen in the first instance at the After-care Centres by an Orthopædic Surgeon who decides on the further steps—whether treatment by the After-care Nurse, reference to hospital for X-ray examination or for consultation with the Consultant Orthopædic Surgeon, or admission to hospital.

The location of the After-care Centres in each region has already been given. Each Centre is open weekly and crippled children in the district served by it are seen by the After-care Nurse who carries out appropriate treatment. These After-care Nurses have been specially trained for their work.

Once a month each Centre is visited by an Orthopædic Surgeon who sees all the cases under treatment and all new cases which are referred to him. This monthly session is also attended by the Assistant County Medical Officer for the district who thus obtains first hand information about his own cases.

The arrangements at Lancaster and Ulverston are exceptional in that the After-care Centres are visited by the staff of the Ethel Hedley Hospital every two months, and by the After-care Nurse fortnightly.

Full clinical notes are kept in respect of each case. These notes are available as and when required whether at a hospital or After-care Centre.

In addition to the main scheme which has been outlined above, arrangements are in force with the Memorial Home for Crippled Children at Bamford, Rochdale. The Home is situated high up on the moors above Rochdale in a place of wide prospect and bracing air. It is recognised by the Board of Education as a Special School. Dr. H. W. Bateman, Surgeon of the Rochdale Infirmary, is in charge of this Home, and carries out all the operative work therein.

All the facilities of the Scheme are equally available for children under school age in those districts of the Administrative County for which the County Council is the Authority under the Public Health Act, 1936.

The following table shows the number of children treated during 1937 :—

	Manchester Royal Infirmary.	Ancoats Hospital.	Biddulph Orthopædic Hospital.	Ethel Hedley Hospital.	Rochdale Crippled Children's Home.	Royal Liverpool Children's Hospital.	
						Myrtle Street Hospital.	Heswall Country Hospital.
In-patients, 1st Jan., 1937	...	2	62	14	4	9	23
Admitted during the year	1	19	98	20	13	71	55
Discharged during the year	1	19	97	26	12	77	49
Remaining on 31st Dec., 1937	...	2	63	8	5	3	29

After-Care Centres.

The following is a summary of the work done during the year in the After-Care Centres :—

No. of individual children who attended	3,955
Total number of attendances made	17,181
No. of children referred to Consultant Orthopædic Surgeon at Hospitals	325
No. of children recommended operative treatment by Orthopædic Surgeons at Centre or Hospital	337
No. of Plasters made at Centres	225
No. of Surgical Appliances, *e.g.*, boots, irons, etc., supplied through Centres	1,485
No. of children given remedial exercises	1,395
No. of children for whom treatment has been refused by parents or guardians	75

The following table shows the defects from which the children seen in the After-Care Centres were suffering :—

Paralysis—

(*a*) Infantile—Upper Limb ...	21
Lower Limb	249
Upper and Lower Limbs ...	29
(*b*) Spastic—Monoplegia ...	18
Diplegia	13
Paraplegia... ...	86
Hemiplegia ...	133
(*c*) Birth Palsy	49
Facial Paralysis	1

Deformities, Congenital—

Hydrocephalus	7
Cleft Palate	1
Scoliosis	51
Sprengel's Shoulder	14
Rudimentary and Malformed Limbs	29
Talipes Equino-varus	117
Talipes Equino-valgus	23
Pes Calcaneus	46
Torticollis	151
Spina Bifida	22
Spina Bifida with Club Foot ...	14
Achondroplasia	8
Metatarsus Varus	56
Absence of Bones	2
Dislocation of Hip	64
Subluxation of Hip	6
Contractions	40
Syndactylism	10
Adduction, Fifth Toe	9
Supernumerary Digits	5
Other Deformities	73

Deformities, Traumatic—

Fractures of Upper and Lower Limbs	98
Subluxations	8
Dislocations	15
Displaced Epiphysis	7
Contusions	32
Tendons	3
Amputations	10
Sprains	27
Intra Uterine Amputation of Foot	1
Coxa Vara	13
Nerve Injuries	2
Other Deformities	33

Deformities, Other—

Pronated Feet	132
Pes Cavus	54
Pes Varus	9
Pes Planus	392
Claw Feet	31
Hallux Valgus	49
Scoliosis	200
Kyphosis	137
Lordosis	22
Synostosis Radius and Ulna ...	3
Pseudo-coxalgia	30
Hammer Toes	56
Birth Fractures	5
Miscellaneous	134

Rickets—

Genu Varum	243
Genu Valgum	399
Genu Valgum and Coxa Vara ...	2
Generalised	20
Acute	15
Renal	1
Delayed (Dwarf)	1

Inflammations—

Arthritis	8
Arthritis Suppurative	13
Arthritis Infective	16
Periostitis and Osteitis	14
Perthe's Disease	8
Synovitis	29
Bursitis	15
Epiphysitis	1
Schlatter's Disease	7
Osteomyelitis	15
Dactylitis	2
Other	17

Tuberculosis—

Active—Knee	2
Hip	4
Spine	1
Dactylitis	2

Old—Knee	4
Spine	15
Hip	14
Elbow	1
Ankle	2
Scaphoid	2
Meningitis	1
Tumours—	
Exostosis—Multiple	5
Lower Limb	11
Naevus	2
Ganglion	17
Chondroma	1
Fibroma	2
Lipoma	5
Cyst	4
Unclassified	4
Nervous Diseases—	
Mental Deficiency	17
Other	5
Miscellaneous—	
Köhler's Disease	1
General Muscular Hypotonia	1
Hemihypertrophy	8
Unclassified	148
	3,955

The following table shows concisely the work done during the year in the Hospitals with which the Committee has arrangements :—

Defect.	No. of Cases treated.	Cured.	Improved.	Improving.	Refused Treatment.	Stationary.
Infantile Paralysis	20	1	15	4	...	...
Spastic Paralysis	18	...	14	2	...	2
Deformities—						
Congenital	65	8	55	...	...	2
Traumatic	6	...	3	1	...	2
Other	35	7	26	...	...	2
Rickets	25	12	11	2	...	...
Inflammations—						
Arthritis	8	1	6	1	...	...
Perthe's Disease	1	1	...	...	...	...
Synovitis	1	1	...	...	...	...
Old T.B. Hip	4	...	4	...	...	...
Totals	183	31	134	10	...	8

BIDDULPH GRANGE ORTHOPÆDIC HOSPITAL.

The Biddulph Orthopædic Hospital is situated in North Staffordshire, 28 miles South of Manchester, in completely rural surroundings. With the march of time it has been found necessary to undertake the erection of a new "hospital" block and the work is now in progress. It is anticipated that it will be completed during the next few months and a full description of the hospital will be given in next year's Report. Particulars of the cases admitted to the hospital during 1937 follow.

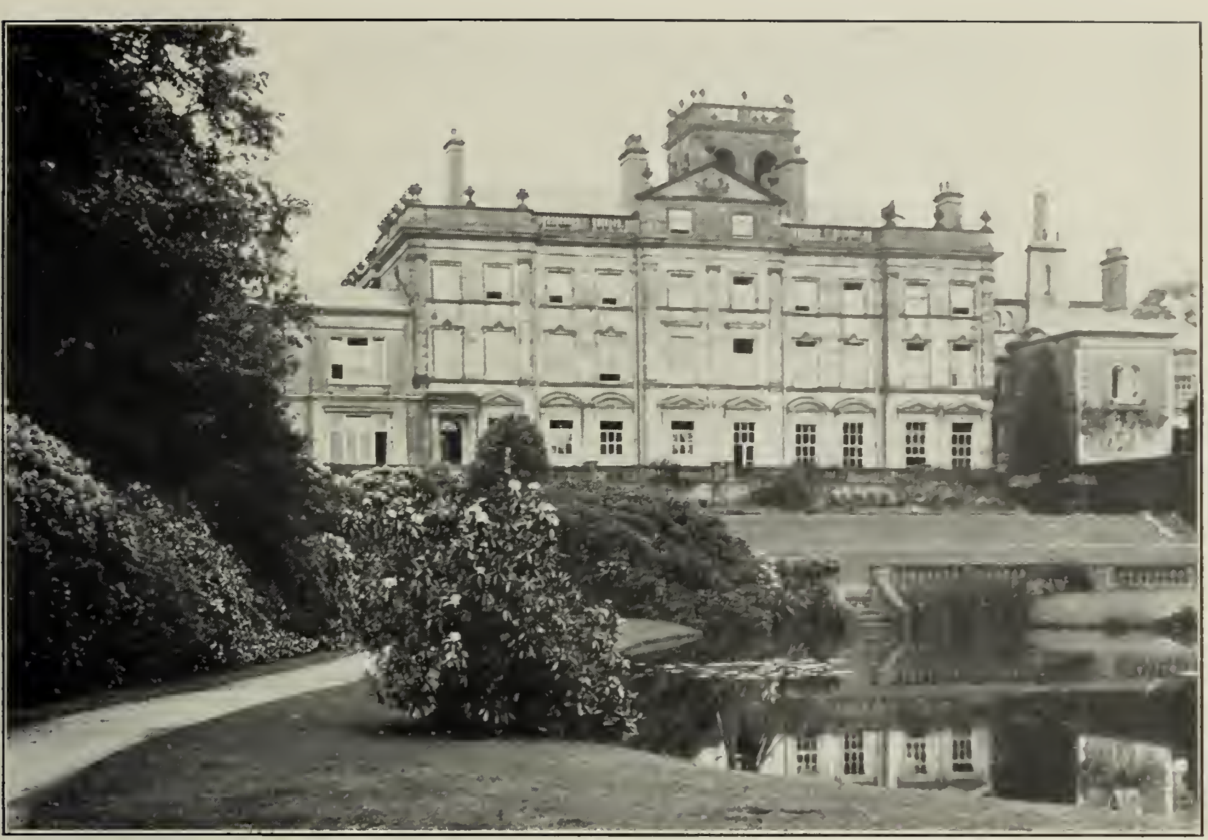
Admissions—

During the year 98 children were admitted to Hospital. The following table gives details of the defects from which these children were suffering. Some children are classified under more than one heading. :—

(1) *Congenital Defects.*

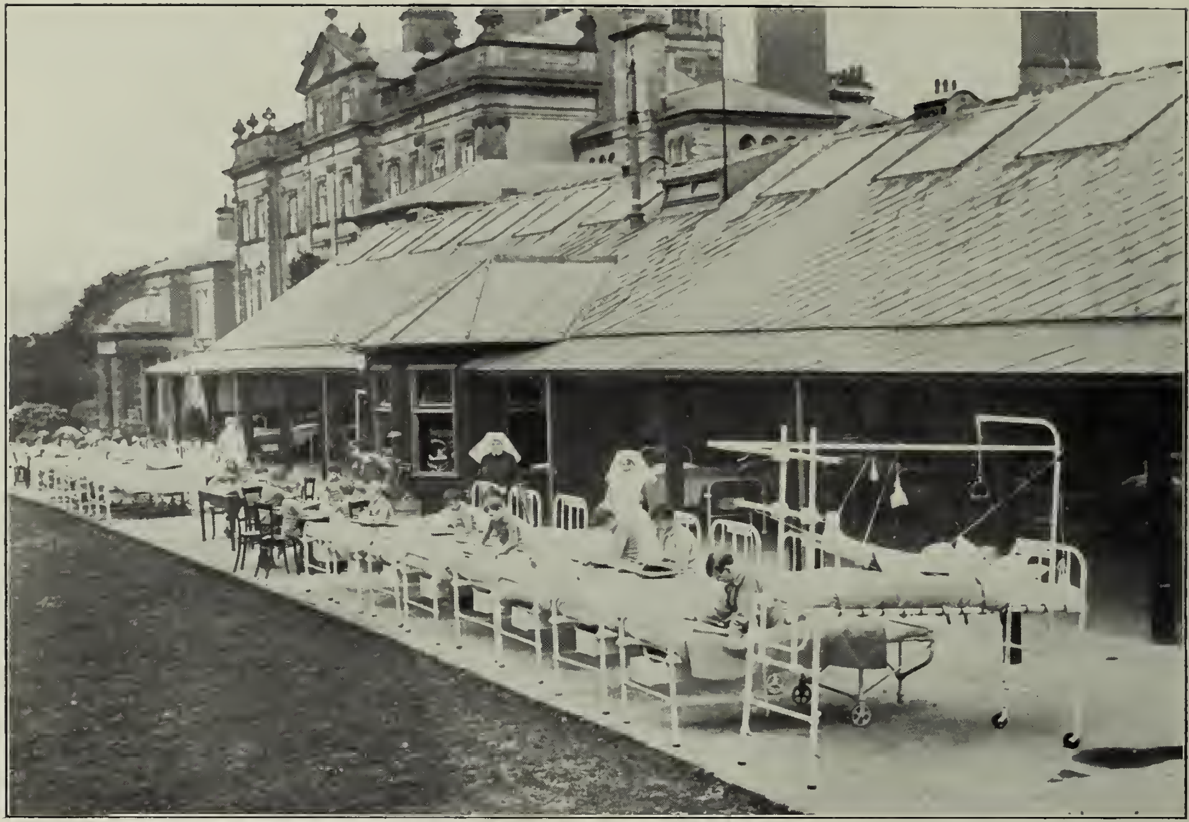
(*a*) Congenital Talipes Equino-varus	9
(*b*) Congenital Dislocation Hip	5
(*c*) Congenital Dislocation Head of Radius	1
(*d*) Torticollis	10
(*e*) Spina Bifida	4
(*f*) Congenital Stiffness Extensor Tendons of Hands	1
(*g*) Macrodactylism	1
	31

(2) *Diseases of the Nervous System.*			
(*a*) Anterior Poliomyelitis—			
(i) Acute	2		
(ii) Subacute	1		
(iii) Chronic with deformity—			
Flail Foot	2		
Paresis of limbs	8		
Scoliosis	1		
Talipes Equino-varus	1		
Pes Cavus	1		
Talipes Calcaneo-valgus	1		
	—	17	
(*b*) Spastic Paralysis—			
(i) Hemiplegia	3		
(ii) Diplegia	3		
	—	6	
		—	23
(3) *Affections of Bone*—			
(*a*) Scoliosis—			
(i) Cause unknown	2		
(ii) Poliomyelitis	1		
(iii) Post-diphtheritic	1		
(iv) Congenital	1		
(v) Osteochondritis	1		
	—	6	
(*b*) Old Fractures		2	
(*c*) Kyphosis		1	
		—	9
(4) *Affectations of Joints*—			
(*a*) Pseudocoxalgia		5	
(*b*) Tuberculosis of Joints, Hip		1	
(*c*) Coxa Vara		3	
(*d*) Arthritis—			
(i) Pneumococcal	1		
(ii) Septic	2		
	—	3	
(*e*) Arthrogryphosis Multiplexa Congenita		1	
(*f*) Internal Derangement Knee		1	
(*g*) Acute Synovitis—Hip		1	
		—	15
(5) *General Affections of the Skeleton.*			
Rickets—			
(i) Acute		2	
(ii) Healed with deformity—			
Genu Varum	1		
Kyphosis	1		
	—	2	
		—	4
(6) *Affections of Nerves*—			
(*a*) Injury to Ulnar Nerve		1	
(*b*) Erb's Palsy		2	
(*c*) Malignant Tumour, Sciatic nerve		1	
		—	4
(7) *Affections of Soft Tissue*—			
(*a*) Congenital Hypertrophy of Muscles, Leg		1	
(*b*) Divided Tendons		2	
(*c*) Baker's Cyst		1	
(*d*) Lipoma		1	
(*e*) Fibroangioma of Thigh		1	
		—	6
(8) *Acquired Deformities*—			
(*a*) Pes Cavus		6	
(*b*) Talipes Equino-varus		1	
(*c*) Pes Planus		1	
(*d*) Talipes Calcaneo-valgus		1	
(*e*) Metatarsus Varus		2	
		—	11
			103

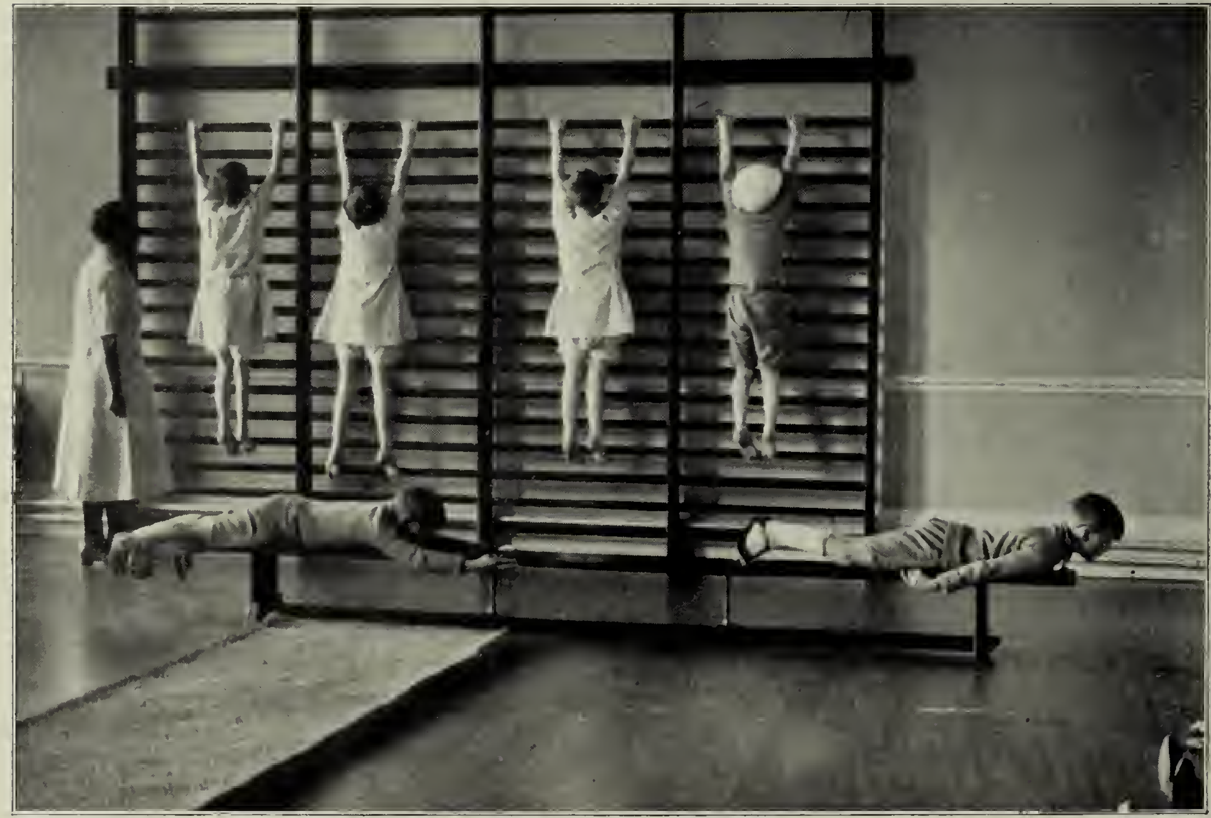


Biddulph Grange Orthopædic Hospital—South Front.

Corner of Gardens from Terrace.



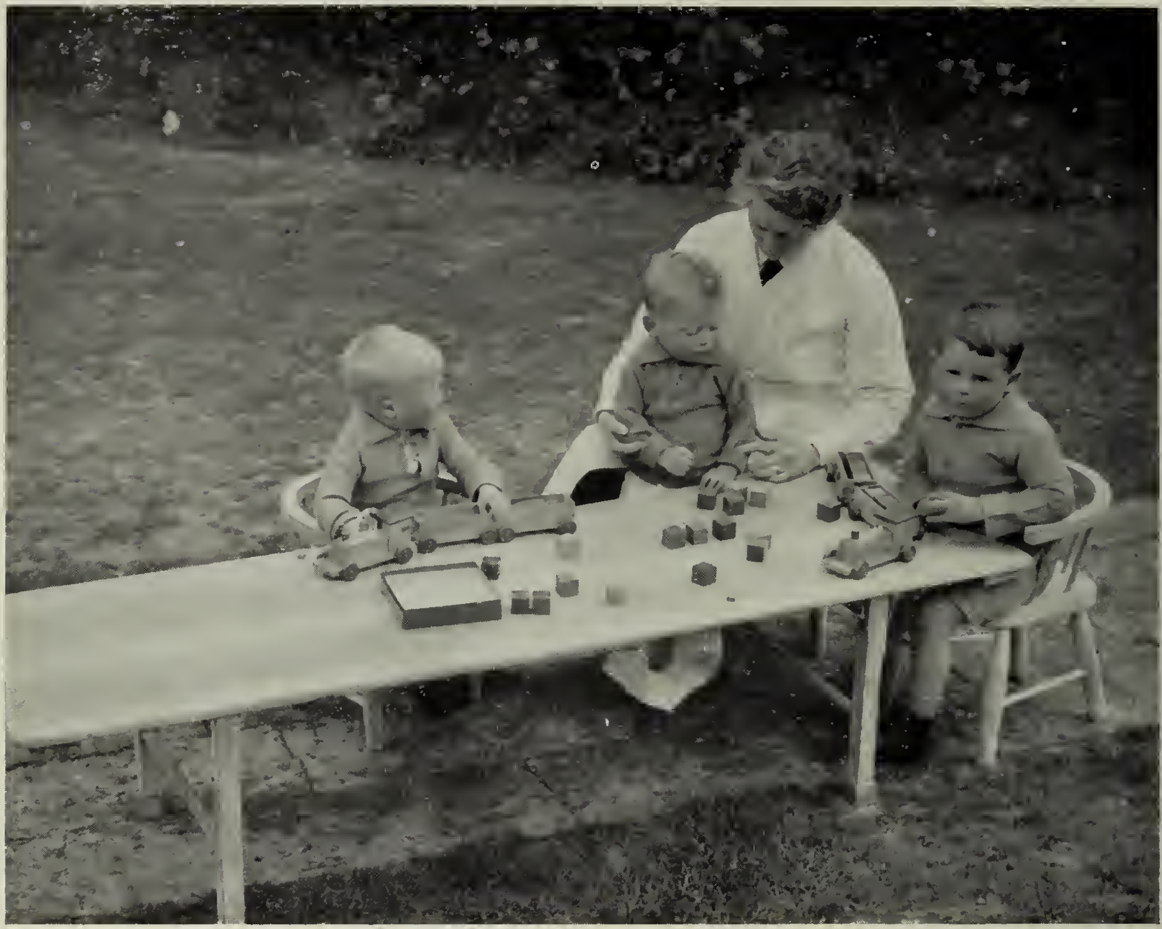
One of the Open-Air Wards.



Instruction in the Gymnasium.

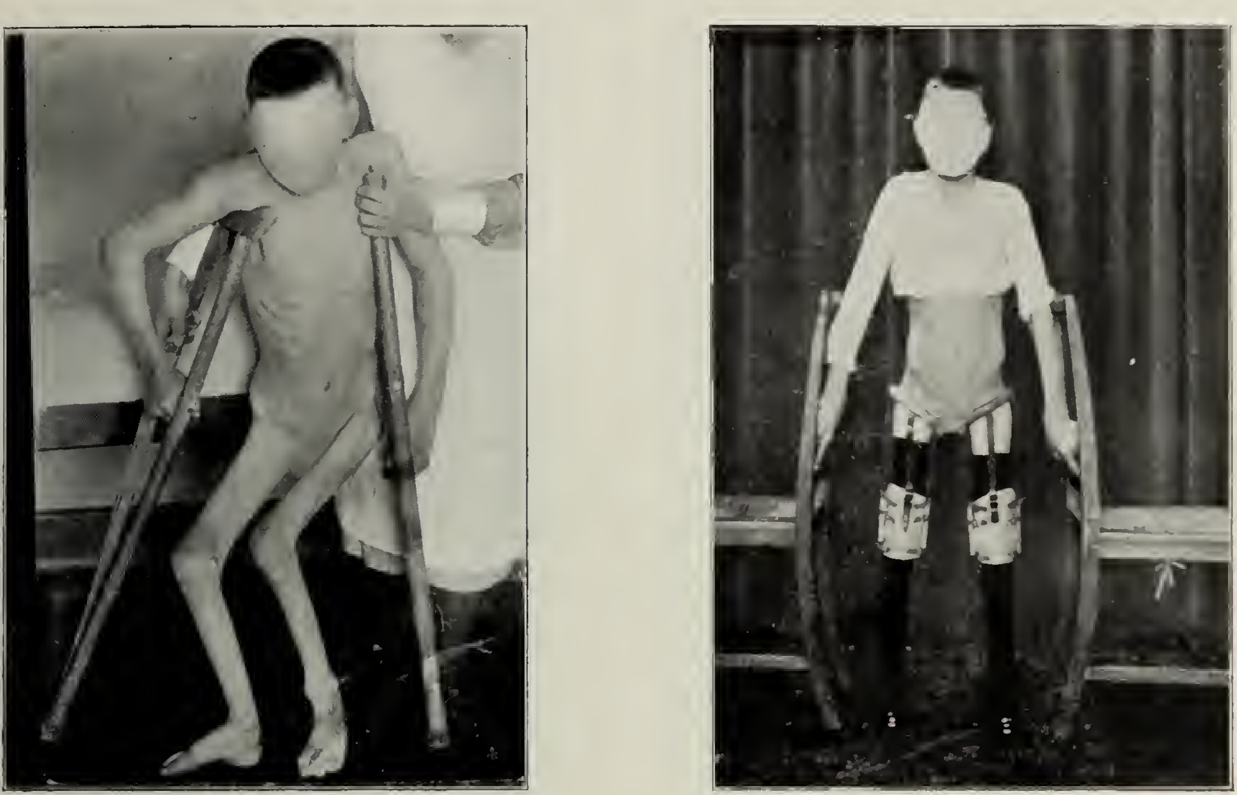
Handicraft Work (Girls).

Handicraft Work (Boys).

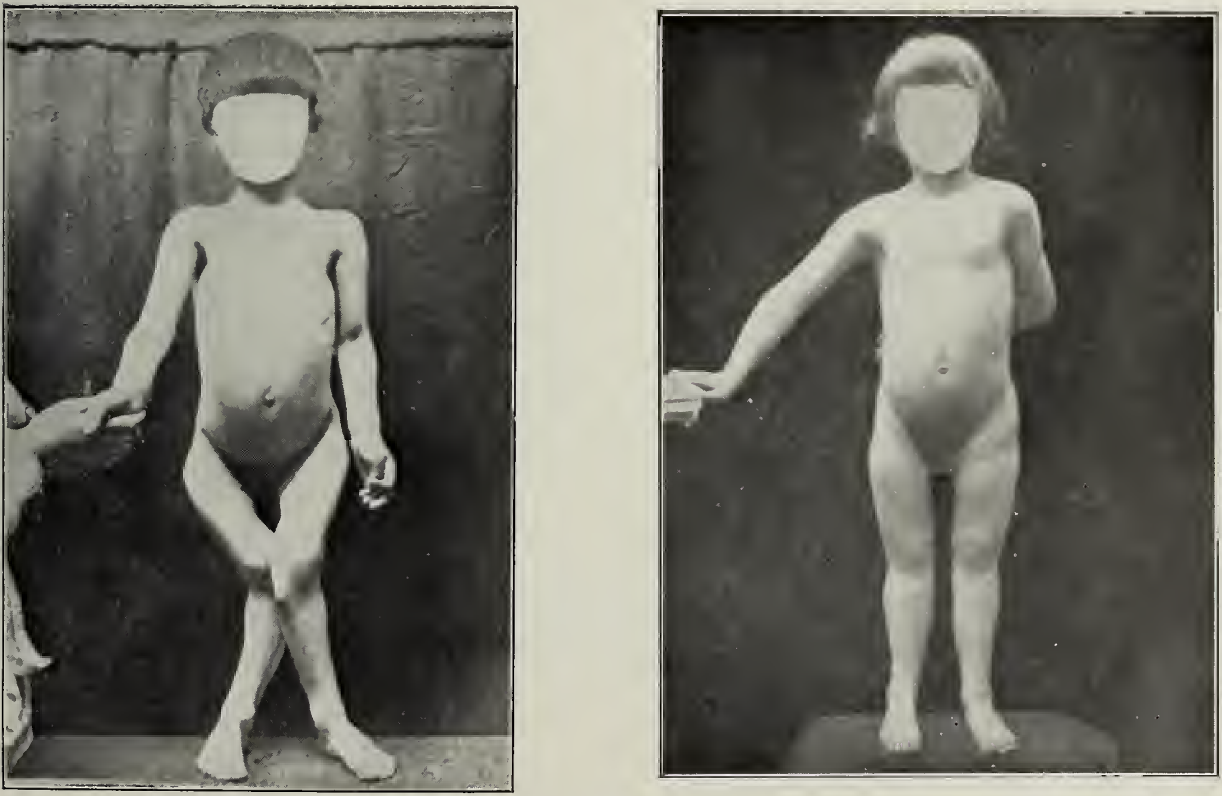


Training the Toddlers.

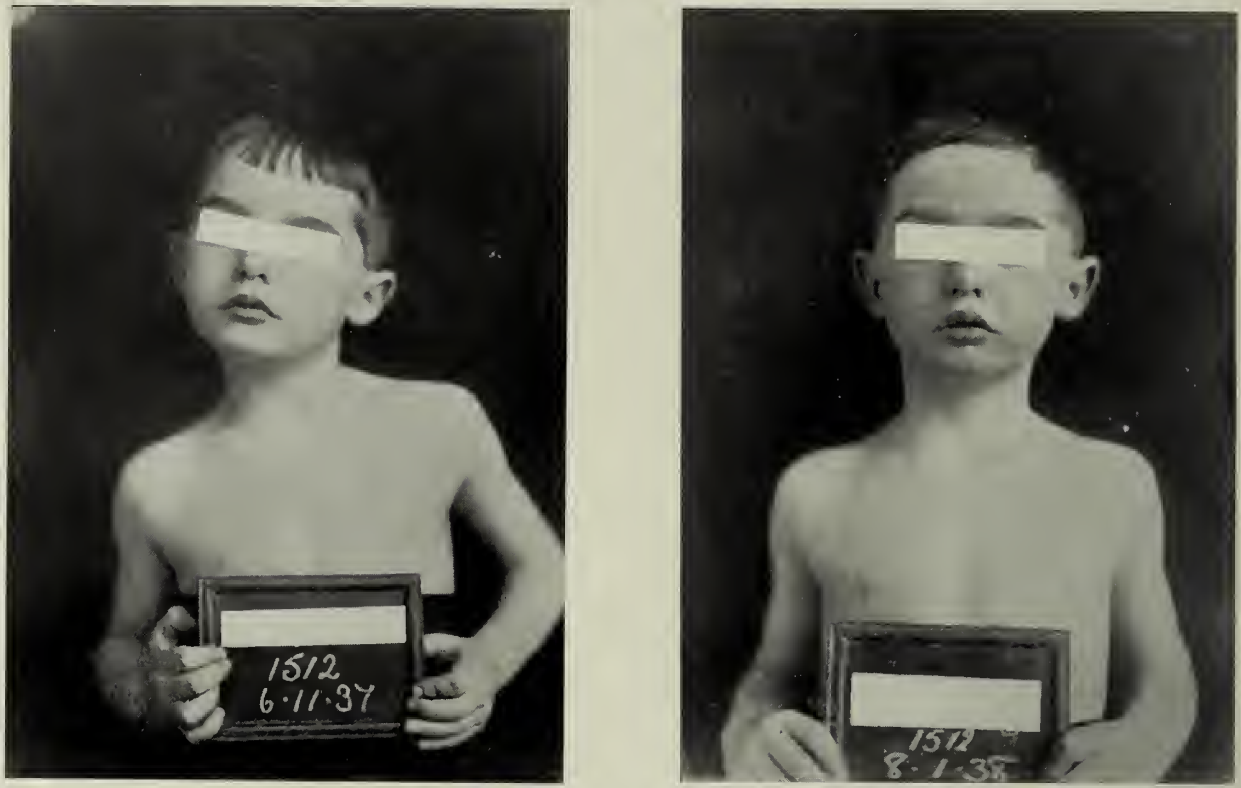
Handicrafts—Older Boy at Work.



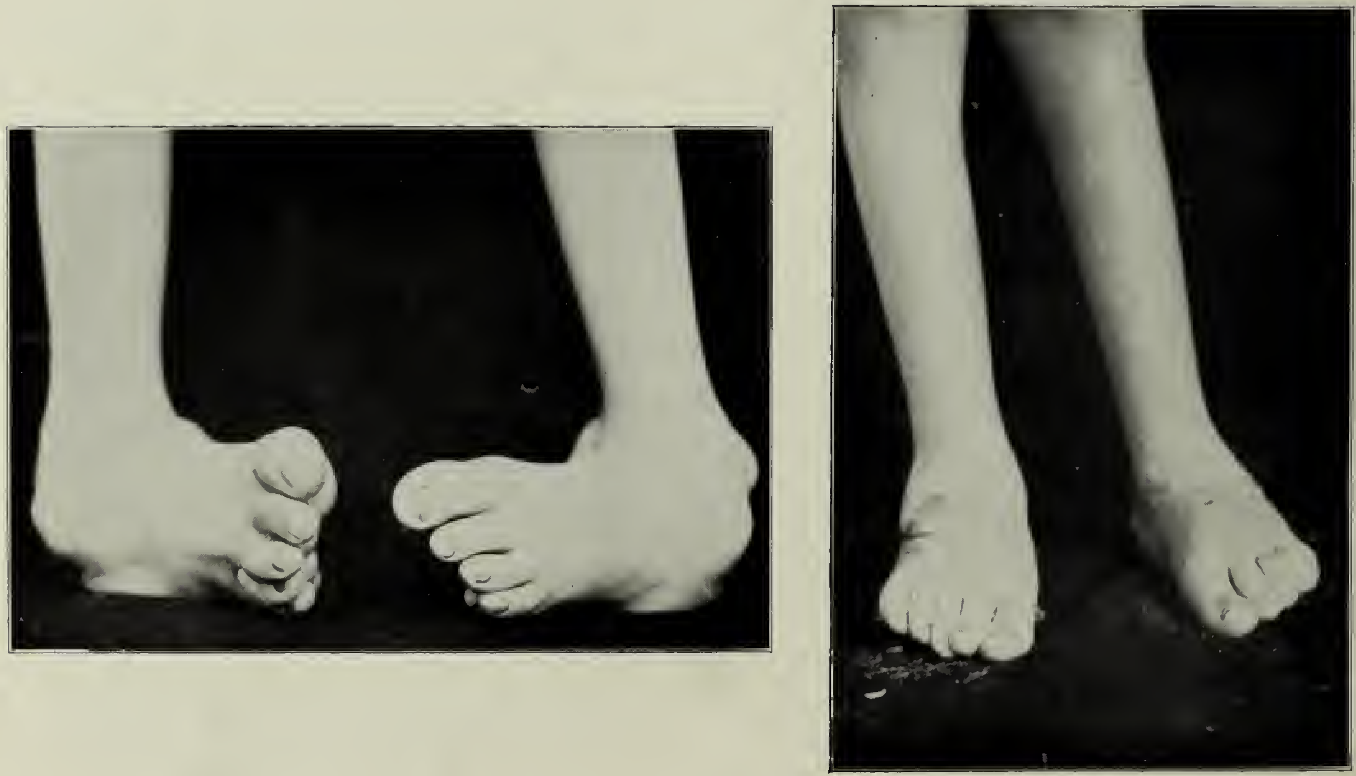
Severe case of Infantile Paralysis rendered capable of locomotion.



Rickets.
(Same case before and after treatment).



Torticollis.
(Same case before and after treatment).



Congenital Talipes Equino-varus.
(Same case before and after treatment).

Operations—

The following table shows the number and character of the operations performed during the year ended 31st December, 1937.—

(1) *Congenital Defects*—		
(*a*) Midtarsal Arthrodesis	10	
(*b*) Transplant E.P.H. Tendon and Wrenching	5	
(*c*) Manipulation of Hip	7	
(*d*) Open Tenotomy Sterno-Mastoid	13	
(*e*) Subcutaneous Tenotomy	3	
(*f*) C.T.E.V. Manipulation	6	
(*g*) Arthrodesis Shoulder	1	
	—	45
(2) *Diseases of the Nervous System*—		
1.—Due to Anterior Poliomyelitis—		
(*a*) Stabilisation of Foot	3	
(*b*) Arthrodesis Shoulder	1	
2.—Due to Spastic Paralysis—		
E.T.A.	6	
	—	10
(3) *Affections of Bone*—		
Spinal Fusion	1	
	—	1
(4) *Affections of Joints*—		
(*a*) Biopsy Iliac Glands	1	
(*b*) Removal Int. Semilunar Cartilage Knee	1	
(*c*) Open Reduction Head of Radius	1	
	—	3
(5) *General Affections of Skeleton*—		
(*a*) Femoral Osteotomy	12	
(*b*) Osteoclasis	1	
	—	13
(6) *Affections of Nervous Tissue*—		
(*a*) Lumbar Sympathectomy	1	
(*b*) Exploration Median Nerve	2	
(*c*) Exploration Brachial Plexus	1	
(*d*) Resection Biopsy Tumour Sciatic Nerve	1	
(*e*) Disarticulation Hip for Malignant Tumour Sciatic Nerve	1	
(*f*) Meningocele	1	
	—	7
(7) *Affections of Soft Tissues*—		
(*a*) Exploration Thigh	1	
(*b*) Exploration Foot	1	
(*c*) Excision Sinus	1	
(*d*) Excision Fibroma Angioma Bursa	3	
(*e*) Syndactylism	1	
	—	7
(8) *Acquired Deformities*—		
(*a*) Manipulation Elbow	1	
(*b*) Manipulation Flat Foot	1	
(*c*) Manipulation Cavus Foot	4	
(*d*) Manipulation Metatarsus Varus	3	
(*e*) Manipulation Spine	1	
(*f*) Aspiration Joints	1	
	—	11
		97

The Position of Artificial Light Treatment.

Clinics have been established at Ashton-under-Lyne, Atherton, Chorley, Horwich and Westhoughton for the treatment by artificial light of certain children in subnormal health and during the year 145 children received this form of treatment, making 3,518 attendances.

It should be realised, however, that this form of treatment is not a panacea. Evidence of the conditions in which it is likely to be useful is gradually being accumulated. For this reason each year there is included in this report particulars of all cases treated.

Ashton-under-Lyne Artificial Light Clinic.

Seventeen cases were referred to this Clinic in 1937. Dr. G. V. Ashcroft reports in respect of the cases referred by him :—

During the year 1937, the number of children from Audenshaw, Denton and Failsworth who completed a period of treatment at the Ashton-under-Lyne Artificial Light Clinic was nine.

Of the nine cases—

4 were treated for Cervical Adenitis.
3 were treated for Rickets.
2 were treated for Debility.

In one of the cases of Debility, the condition was associated with chronic otitis media, following bilateral radical mastoid operations ; and in the other, the Debility accompanied Alopecia in a spasmophilic patient.

A mercury vapour lamp was used, the average period of treatment being four months (maximum seven months, minimum one week), the average number of doses being 27 (maximum 47, minimum 2). The strength of the dose was usually twenty minutes after attaining the maximum, at a distance of thirty inches ; the attendances being generally twice weekly.

In accordance with former experience the patients were carefully selected as being likely to benefit by Artificial Light Treatment. In the majority the results were very satisfactory.

One case of Rickets did not complete an adequate number of attendances. One patient with Cervical Adenitis was admitted to hospital during his period of Artificial Light Treatment, for Tonsillectomy. Owing to collapse under anæsthesia, this was not performed ; the enlarged gland, however, was incised. Irradiation was continued later, and a successful result obtained with adequate healing and improvement in general condition. A very good final result was observed in a case of Cervical Adenitis in which Tonsillectomy was performed subsequent to the course of Artificial Light. A case of Debility assciated with Alopecia and the spasmophilic diathesis did well, the hair being restored and the general condition becoming better.

In this year's series the greatest benefit seems to have been obtained in Rickets and Cervical Adenitis. A case of Aural Sepsis after bilateral mastoid operations, improved in general health but the Sepsis persisted.

It may be said that Artificial Light Treatment is of great value in selected cases. Many forms of subnormal health, however, such as undernourishment or respiratory catarrh, may be expected to respond more successfully to other methods of treatment. A combination of Artificial Light Treatment with other remedial measures appears to be more beneficial than Artificial Light Treatment alone.

Dr. C. H. T. Wade reports in respect of the cases from his district :—

Three cases were treated at the above-named Clinic in 1937. Of the three cases, one was treated for phlyctenular conjunctivitis and impetigo ; one was treated for debility following mumps and pneumonia ; one was treated for bronchitis, enlarged thyroid and early chorea.

All three cases improved, the last mentioned derived the greatest benefit, the thyroid became normal in size, the cough cleared up and there was a gain of five pounds in weight.

A table is appended setting out particulars of the cases.

SUMMARY OF CASES TREATED AT THE ASHTON-UNDER-LYNE ARTIFICIAL LIGHT CLINIC DURING 1937.

Case.	Age in Years.	Sex.	Diagnosis.	Type of Lamp.	Body Surface Exposed.	Total Period of Treatment.	Average Dose per Treatment.	Number of Doses.	Total Dosage.	Other Treatment at same time.	OBSERVATIONS.	Weight.
M.B.	9	F.	Cervical Adenitis	Mercury Vapour	Complete	7 Months	16¾ Mins.	47	786 Mins.	Cod Liver Oil and Malt. Iodex. Dental.	Very much improved. Glands receded. General condition better	Gained 4 lbs.
R.G.	1	F.	Rickets. Genu Varum ...	,,	,,	6 ,,	14½ ,,	34	490 ,,	Cod Liver Oil Emulsion Orthopædic	Rickets became inactive. Deformity much improved	,, 3 lbs.
N.H.	1½	F.	Rickets. Genu Varum ...	,,	,,	1 Week	4 ,,	2	8 ,,	Cod Liver Oil Emulsion Orthopædic	Failed to continue treatment	Unchanged.
D.P.	1½	F.	Rickets. Genu Varum ...	,,	,,	4 Months	16¾ ,,	28	474 ,,	Cod Liver Oil Emulsion Orthopædic	Rickets became inactive. General condition and deformity improved	Gained 4 lbs.
J.P.	13	M.	Debility. Alopecia. Spasmophilic Diathesis	,,	,,	4 ,,	16⅓ ,,	27	440 ,,	Tonic Medicinal Local to scalp	Alopecia cured. General condition much improved	,, 2 lbs.
J.R.	6	M.	Cervical Adenitis	,,	,,	3 ,,	16¾ ,,	27	454 ,,	Cod Liver Oil and Malt	Glands receded. General health and muscle tone improved	Unchanged.
J.T.	6	M.	Cervical Adenitis. Enlarged Tonsils and Adenoids	,,	,,	4 ,,	16¾ ,,	29	486 ,,	Cod Liver Oil and Malt	General condition much improved. Glands less. Tonsillectomy later with good result	Gained 2 lbs.
J.W.	14	M.	Cervical Adenitis. Enlarged Tonsils and Adenoids	,,	,,	5 ,,	14¾ ,,	25	360 ,,	Cod Liver Oil and Malt Iodex	Admitted to hospital for tonsillectomy; not performed owing to anæsthetic collapse. Gland incised. Healed well. General condition improved	,, 1 lb.
D.W.	11	M.	Debility with Otitis Media after Bilateral Mastoid Operations	,,	,,	3 ,,	15¾ ,,	24	380 ,,	Cod Liver Oil and Malt Aural	General condition much improved. Aural discharge diminished	,, ½-lb.
K.M.	13	M.	Impetigo and Phlyctenular Conjunctivitis	,,	,,	3 ,,	7½ ,,	20	150 ,,	Cod Liver Oil Emulsion	Improved	Unchanged.
I.M.	9	F.	Debility following Mumps and Pneumonia	,,	,,	5 ,,	8 ,,	35	280 ,,	Nono	Improved	Gained 3 lbs.
D.M.	9	M.	Early Chorea, Bronchitis, Enlarged Thyroid	,,	,,	2 periods of 3 months each	8 ,,	45	360 ,,	None	Much improved. Thyroid normal. No cough...	,, 5 lbs.
D.H.	6	F.	Bronchitis and Marasmus ...	,,	,,	1 Week	3 ,,	2	6 ,,	None	Discontinued treatment	Unchanged.
M.J.	1½	F.	Bronchitis and Whooping Cough	,,	,,	1 ,,	2 ,,	1	2 ,,	None	Discontinued treatment	,,
A.K.	2	F.	Rickets	,,	,,	7 Weeks	6 ,,	12	70 ,,	None	Improved. Legs stronger	Gained 1 lb.
C.C.	1⅔	M.	Rickets	,,	,,	3 ,,	2 ,,	3	7 ,,	None	Discontinuod treatment	Unchanged.
I.L.	4	F.	Debility and Convulsions ...	,,	,,	2 ,,	3 ,,	6	19 ,,	None	General condition good	Gained 12 ozs.

Atherton and Westhoughton Artificial Sunlight Clinics.

Report by Dr. W. H. Leigh on cases treated during 1937 :—

(i.) (*a*) Atherton and Tyldesley Children of School Age.

Total number treated	55
Summary :—	
Rickets (active)	8
Rickets (late)	2
Debility	35
Adenitis (cervical)	5
Malnutrition	5

(*b*) Westhoughton Children of School Age.

Total number treated	11
Summary :—	
Debility	5
Rickets	4
Catarrhal	1
Adenitis	1

(ii.) Type of Lamp used :—Quartz Mercury Vapour.

(*a*)	Average period of treatment	3 months.
	Maximum period of treatment	7 months.
	Minimum period of treatment	7 weeks.
(*b*)	Average number of doses	31
	Maximum number of doses	79
	Minimum number of doses	15

(*c*) Strength of doses :—Varies from 2 to 15 minutes at distance of 3 feet.

(iii.) Thirteen cases were in receipt of special vitamin preparations during treatment. The remainder were treated solely by ultra-violet rays.

(iv.) It may be said that all the patients appeared to derive benefit. Progressive improvement was noticeable in a number of the debilitated children.

(v.) In no case did unfavourable symptoms occur.

Atherton Children of Pre-School Age :—

Total number treated	23
Average number of doses per case	22
Summary :—	
Rickets	9
General debility	9
Catarrhal conditions	2
Adenitis	3

The value of this treatment in cases of Rickets was again emphasised. Without exception all showed improvement.

Nine cases were in receipt of Glucose " D " while undergoing treatment.

Chorley Artificial Light Clinic.

Fifteen children were referred to this Clinic during 1937. Dr. G. G. Johnstone submits the following report in respect of the cases referred by him :—

Case 1.—Male, aged 7.—Enlarged Cervical Gland. This formed an abscess which drained and gradually dried up after about eight months, during which time his weight increased and his general health improved. In all he paid 90 visits to the Clinic.

Case 2, Male, aged 3.—Enlarged Cervical Glands. Boy attended intermittently for five months and had 19 exposures. The gland at first improved, then afterwards remained stationary and patient discontinued treatment.

Case 3, Female aged 3.—Cervical Glands. She attended on six occasions. The glands formed abscesses and patient was referred to her own doctor, after which she ceased to attend the Clinic.

Case 4, Female aged 12.—Cervical Glands. She attended 36 times during ten months. The glands at first subsided and afterwards varied in size until she ceased to attend on leaving school.

Dr. G. G. Wray reports :—

Seven children were referred for chest conditions. All these seven children cleared up under treatment and are now free from the disability for which they were sent.

Two children were referred for cervical adenitis and both these cases cleared up.

One child was sent on account of rheumatism and the condition improved.

One child was sent for acute rickets. The condition showed some improvement but the child ceased to attend after one month's treatment.

Horwich Artificial Light Clinic.

Dr. J. R. Jagger reports :—

During the year 1937, twenty-four children of school age were referred to the Horwich Artificial Light Clinic. All these cases had been selected as being suitable for this particular form of treatment. They were mainly cases of cervical adenitis, anæmia and debility.

A detailed table of these cases is appended.

Summary of Cases Treated at the Horwich Artificial Light Clinic During 1937.

Case.	Sex.	Age in yrs.	Complexion.		Disease or Defect.	Duration, Dosage and Type of Irradiation.					Other Treatments.	Observations.	Weight.
								Dosage.					
			Hair.	Eyes.		Mercury Lamp.	Carbon Arc.	Body Surface.	Mins.	Frequency.			
A.R. ...	M.	7	Fair	Grey	Rickets	...	+	Back and front	7	Twice weekly for 4 weeks	Cod Liver Oil	General condition much improved. Child more active	Gained 2 lbs.
A.D. ...	F.	7	Fair	Blue	Anaemia: Frequent sore throat: Constipation	...	+	Back and front	7	Twice weekly for 2 weeks	Iron and Laxatives	Child brighter; Appetite improved ...	Gained 8 oz.
C.R. ...	M.	7	Dark	Dark Brown	Severe anaemia	...	+	Back and front	5	Twice weekly for 3 weeks	Liver extract and Iron	Mucous membranes better colour: Muscle tone improved	Gained 12 oz.
C.L. ...	F	4	Dark	Grey	Cervical adenitis: Anaemia ...	...	+	Back and front	5	Twice weekly for 1 week	Iron ...	No change	Unchanged.
C.B. ...	M.	6	Fair	Blue	Cervical Adenitis	+	+	Back and front and local	5 + 1½	Twice weekly for 4½ weeks	Nil	Glands less: Child more active	Gained 8 oz.
G.W. ...	M.	7	Fair	Blue	Anaemia and Constipation ...	...	+	Back and front	7	Twice weekly for 6 weeks	Suitable diet and Iron	General condition much improved—especially muscle tone	Gained 6 oz.
G.E. ...	F.	6	Fair	Blue	Naso-pharyngeal Catarrh	...	+	Back and front	7	Twice weekly for 2½ weeks	Mistol... ...	Nose and throat clear	Gained 1 lb.
G.J. ...	F.	10	Fair	Grey	Cervical Adenitis	+	+	Back and front and local	7 + 2	Twice weekly for 20 weeks	Dettol and Zinc compress. Ostocalc.	Marked improvement not only in glandular condition, but also in general health, appetite and state of "well-being"	Gained 6 lb. 12 oz.
H.H. ...	M.	6	Fair	Grey	Anaemia and Constipation ...	...	+	Back and front	5	Twice weekly for 1 week	Iron	Treatment discontinued on account of induced bronchitis	Lost 6 oz.
K.J. ...	M.	13	Dark Brown	Brown	Anaemia	...	+	Back and front	7	Twice weekly for 1 week	Iron	Left district	...
K.B. ...	F.	5	Fair	Blue	Cervical Adenitis: Anaemia ...	+	+	Back and front and local	5 + 2	Twice weekly for 6 weeks	Iron and Cod Liver Oil	Glands subsided. Child more active and mucous membranes a better colour	Gained 2 lb. 4 oz.
L.A. ...	M.	9	Dark	Blue	Cervical Adenitis and Enlarged Tonsils	+	+	Back and front and local	5 + 1½	Twice weekly for 21½ weeks	Tonsils enucleated.	Glands much less. General condition improving	Gained 1 lb. 3 oz.
L.K. ...	M.	7	Fair	Blue	Cervical and Inguinal Adenitis ...	+	+	Back and front and local	7 + 2	Twice weekly for 6½ weeks	Cod Liver Oil	Glands less and more discrete. General health enhanced.Is now fit to attend school	Gained 1 lb. 12 oz.

Case.	Sex.	Age in yrs.	Complexion.		Disease or Defect.	Duration, Dosage and Type of Irradiation.					Other Treatments.	Observations.	Weight.
			Hair.	Eyes.		Mercury Lamp.	Carbon Arc.	Dosage.					
								Body Surface.	Mins.	Frequency.			
M.F. ...	M.	8	Dark	Blue	Cervical Adenitis	+	+	Back and front and local	5 + 2	Twice weekly for 1 week	Cod Liver Oil	No change	Lost 12 oz.
M.B. ...	M.	6	Dark	Brown	Anaemia and Malnutrition ...	...	+	Back and front	7	Twice weekly for 21 weeks	Syr. Minadex	No marked improvement. The child is constitutionally delicate	Gained 1 lb.
P.E. ...	F.	11	Dark	Blue	Rheumatism	...	+	Back and front	7	Twice weekly for 4 weeks	Syr. Minadex and attention to teeth	Less pain in limbs. Sleeps better	Gained 1 lb. 4 oz
P.R. ...	M.	9	Fair	Blue	Anaemia and Constipation ...	...	+	Back and front	7	Twice weekly for 2 weeks	Syr. Minadex and Laxatives	Child much more alert and mucous membranes better colour	Gained 2 lb.
P.K. ...	M.	5	Fair	Grey	Bronchitis and Anaemia	...	+	Back and front	5	Twice weekly for 1 week	Syr. Minadex	Treatment stopped on account of chest condition deteriorating	Lost 2 lb. 4 oz.
P.D. ...	M.	8	Fair	Blue	Anaemia and Constipation ...	...	+	Back and front	7	Twice weekly for 1 week	Nil	No change	Unchanged
R.M. ...	F.	7	Fair	Blue	Cervical Adenitis	+	+	Back and front and local	5 + 2	Twice weekly for 18 weeks	Nil	Glands much less. General health improved. Muscle tone increased	Gained 4 lb. 10 oz.
T.M. ...	F.	10	Fair	Grey	Recurrent Tonsillitis : Anaemia ...	...	+	Back and front	7	Twice weekly for 3 weeks	Iron	Mucous membranes improved. Tonsillar condition settled down	Gained 2 oz.
W.J. ...	F.	11	Fair	Blue	Old Tubercular glands, neck ...	+	+	Back and front and local	5 + 2	Twice weekly for 13 weeks	Cod Liver Oil	Glands less. Sleeps better. Appetite improved	Gained 2 lb. 8 oz.
W.D. ...	M.	6	Fair	Blue	Malnutrition : Old Pyloric Stenosis ...	...	+	Back and front	7	Twice weekly for 3½ weeks	Glucose D. ...	General health improved. Child more active and alert	Gained 1 lb. 12 oz.
W.J. ...	M.	8	Fair	Blue	Anaemia after Chicken Pox and Mumps	...	+	Back and front	7	Twice weekly for 4 weeks	Iron	Rapid restoration to health...	Gained 1 lb. 2 oz.

ACCIDENTS TO SCHOOL CHILDREN.

During the year 537 accidents to children in school were reported. This compares with 461, 403, 415 and 385 for the previous five years.

The following first-aid materials are provided on the Schedule of School Supplies :—

Gauze Bandages, 1 in. in lengths of 6 yards.
Gauze Bandages, 2 in. in lengths of 6 yards.
Boric Lint in rolls of 2 oz.
Cotton Wool in cartons of 4 oz.
Adhesive Plaster on ½-in. spools, 2½ yards long.
Tannic Acid Jelly in tubes.

INFECTIOUS DISEASES.

The following are the methods adopted for the prevention of infectious diseases :—

1.—The exclusion of children suffering from, or showing symptoms suggestive of, infectious disease, or who may, it is feared, develop disease after exposure to infection ; the power to do this is given by Article 20 (*b*) of the Code.

The exclusion of individual children, as distinct from closure of the whole school, is made by the Committee's own staff.

The exclusion by the Assistant County Medical Officers and Nurses is made on a special form in triplicate. One copy is sent to the Central Office for the approval and counter-signature of the School Medical Officer ; another is left in the school as authorisation for the Head Teacher and School Attendance Officer ; and the third is retained by the Medical Officer or Nurse as a record. The exclusions are made for a specified period, and the children are re-examined at the end of the period, and either re-admitted as fit for school, or excluded for such further period as may be necessary.

In the following table the number of children excluded under Article 20 (*b*) and the causes of exclusion are shown :—

	Scarlet Fever.	Measles	Mumps.	Diphtheria.	Chicken Pox.	Whooping Cough.
Cases ...	5	1	40	5	96	54
Contacts ...	26	4	...	6	17	24

In addition to the exclusions enumerated above 277 children were excluded on account of uncleanliness, 298 on account of scabies, 44 on account of ringworm and 468 on account of impetigo.

2.—The closure of schools or of departments of schools.

During 1937 it was found necessary to close 369 schools on account of the prevalence of infectious disease. Every endeavour has again been made by the Assistant County Medical Officers to work in close co-operation with the local Medical Officers of Health whenever the closure of a school or department was in question.

The following tables show the number of schools which were closed during the year and the causes of closure :—

No. of Schools Closed during 1937 by the Sanitary Authority (Article 22 of the Code).

Influenza	159
Measles	11
Chicken Pox	3
Chicken Pox and Whooping Cough	1
Whooping Cough	1
Whooping Cough and Colds	1
Diphtheria	21
Scarlet Fever	2
	199

No. of Schools closed during 1937 by the School Medical Officer (Article 23 (b) of the Code).

Influenza	150
Influenza and Chicken Pox	1
Influenza and Whooping Cough	3
Influenza and Scarlet Fever	1
Diphtheria	3
Measles	4
Scarlet Fever	8
	170

Frequently requests are made that a school should be closed because the attendance has fallen considerably. The necessity for closure is not always obvious, for in Urban areas the children have opportunities of meeting in other places than the school, and infecting each other.

In such cases, however, the School Medical Officer is empowered, under the Education Act, 1921 (Admin. Memo. No. 51, Art. 15), to give certificates to any school or department where the attendance, on account of the occurrence of Infectious Disease, has fallen below 60 per cent. of the number of children on the Register.

The number of such certificates given during 1937 was 943.

3.—Co-operation with Local Authorities in the conduct of an immunisation campaign. The co-operation has taken various forms, *viz.*, talks by Assistant County Medical Officers and by Health Visitors to mothers and school children on the advantages of immunisation, assistance in the actual process of immunisation, the granting of facilities at premises in the hands of the County Council.

The importance of immunization, particularly in the case of diphtheria, cannot be too strongly stressed. In Lancashire, in 1936, there were 2,844 cases and 153 deaths, giving a fatality rate of 5·37. This terrible toll of young lives could have been prevented.

An account of the work being carried out by the Medical Officer of Health of the West Lancashire Rural District and Skelmersdale Urban District was given in this Report for the year 1936. The following notes are supplementary.

The scheme has gradually become more popular and greater numbers of children are being treated. It is regrettable, however, that the most powerful stimulus is still an actual outbreak of diphtheria. The children are easy to influence but their parents are often prejudiced against a form of treatment which they do not understand and in which, for that reason, they have no faith. Frequently, children addressed in school desire to be immunised, but their parents are unwilling for the work to be carried out.

From November, 1932, to the end of 1937, 1,632 school children in the West Lancashire Rural District had received treatment and 213 younger children and others. At December 31st, 1937, 40·36 per cent. of the children actually in school had completed the treatment. This compares very favourably with the figure of 32·9 per cent. at the end of 1936. From May, 1935, to the end of 1937, 356 Skelmersdale school children and 73 others had been treated. This gives a percentage of 35·54 in the schools. All Skelmersdale school children are treated against diphtheria and scarlet fever concurrently.

The Medical Officer of Health makes the following points :—

(1) An immunization scheme is incomplete unless it includes young children as well as those attending school. The acceptance rate is higher among school children. As a result the risk of the "Under-Fives" becoming infected (*e.g.* by a carrier) is proportionally greater. Immunisation only protects against the disease. It will not prevent a child from becoming a carrier.

(2) To the end of 1937, no child who had received complete treatment had become infected with diphtheria.

(3) The progress of diphtheria prevention is being held up through apathy and an unwillingness of the parents to be convinced.

(4) Immunity takes at least three months to develop, and the rush for treatment happens when the disease is present in our midst. The problem is to persuade parents to accept treatment for their children when there is no diphtheria in the district.

(5) It is only infrequently that treatment has to be repeated. 1,132 posterior Schick tests have been performed. In only 24 cases was a positive result obtained, necessitating a further dose.

(6) Scarlet fever prophylaxis is given in West Lancashire on request of the parent only. There is no doubt that in some cases this serum has produced a local reaction, and that this fact has prevented parents from bringing their children forward for the more important antidiphtheria treatment. Reduction of dosage would reduce the severity of the reaction, but there would be a corresponding diminution in the protection afforded. In view of the mild nature of scarlet fever and the severity of diphtheria, it has been felt wise to discontinue the antiscarlet treatment as a routine measure. These remarks do not apply to Skelmersdale, where children are more hardy and objections are very seldom heard.

OPEN-AIR EDUCATION.

The utmost use is made of the opportunities for holding playground classes, particularly in the case of the infants. Nature rambles constitute a valuable adjunct. The Lancashire climate, however, severely restricts this form of Education.

New Infant Schools are being planned on open-air lines in accordance with the newly issued building requirements.

Arrangements are in force with the County Boroughs of Burnley and Preston, the Municipal Boroughs of Nelson and Swinton and Pendlebury, whereby certain children are enabled to receive education at their Open-Air Schools.

There are no special Open-Air Schools in the area of the Lancashire Education Committee, although the newer schools now offer increased facilities for open-air classes, of which advantage is taken whenever the opportunity arises.

School Camps and School Journeys.

The following is extracted from the Report of the Director of Education :—

The sum of £1,493 was granted to provide financial assistance to schools undertaking School Camps or School Journeys under the Committee's regulations. Proposals for 61 School Camps and Journeys, received from 91 Elementary Schools, were approved by the Committee, and of these 89 carried out their proposals substantially in accordance with the programmes submitted. The following table shows the figures for the eight years since the scheme was inaugurated by the Committee :—

Year.	No. of Schools.	Nos. taking part.		Amount paid by Committee.			Total Expenditure.		
		Children.	Teachers.	£	s.	d.	£	s.	d.
1930–31 ...	30	955	76	459	14	0	1,399	0	8
1931–32 ...	54	1,587	107	530	10	0	2,104	0	9
1932–33 ...	37	1,071	97	353	0	4	1,466	19	3
1933–34 ...	36	1,232	113	489	12	4	1,822	11	5½
1934–35 ...	50	1,756	151	905	15	1	2,731	0	11½
1935–36 ...	55	2,159	184	868	2	0	3,126	2	5
1936–37 ...	76	2,833	252	1,276	9	7	3,416	7	8
1937–38 ...	89	2,757	228	1,493	0	2	4,401	16	9½

The sites of the Camps were as follows :—

North Wales	25
Lake District and North Lancashire	15
Staithes (North Riding)	8
Shanklin (Isle of Wight)	3
Kessingland (Norfolk)	2
Others	8
	61

It is observed from the Reports submitted by the Head Teachers that the popularity of School Camps and School Journeys continues from year to year. The outdoor activities are generally reported to be beneficial to the health of the children, who show a keen interest in the various features of the districts visited. This is often helped by booklets which are prepared by the teachers containing information on all matters of interest in the district to be visited, whilst lessons on history, geography and natural history given before camp serve to give the children an insight into the part of the country where the camp is held. In many cases permanent holiday camps are visited and in that way contacts are made with school children from different parts of the country. Magazines, often well illustrated with photographs are sometimes prepared after camp. The planning and arrangement of camps entails a considerable amount of work and valuable assistance is often rendered by interested people, but nevertheless the major portion of the work is done by the teachers, who devote much time and care to ensure that the pupils derive full benefit from their experiences.

PHYSICAL EDUCATION.

The following paper was given by Dr. W. C. V. Brothwood, Chief Assistant County Medical Officer, before the Annual Congress of the Royal Institute of Public Health and Hygiene :—

Physical Education from the Point of View of the School Medical Officer.

It is interesting to glance at the beginnings of physical education in schools. In Denmark it was included in the school curriculum in 1804, but it was 1879 before Swedish gymnastics found a place in the curriculum of the London County Council schools, and even then but little was done. Increased governmental interest began when it was found that many candidates for enlistment during the South African War had to be rejected. In the year 1902 a Royal Commission on Physical Training (Scotland) was set up. Amongst its terms of reference was one " to suggest means by which such training (*i.e.*, physical training) may be made to conduce to the welfare of the pupils . . . . and thus to contribute towards the sources of national strength." The date is very important in the history of the School Medical Service. It marks the beginning of the movement towards routine medical inspection in public elementary schools. Following the report of the Commission, Departmental Committees were set up in 1903 and 1905.

During the last thirty years or so, Parliament has underlined the importance which it attaches to the physical well-being of the child and young person. In 1906 and 1914 it passed the Education (Provision of Meals) Acts. In 1907 it passed the Education (Administrative Provisions) Act which empowered Local Authorities to provide vacation schools, play centres, and other means of recreation. The Act also imposed on Local Authorities the duty of medical inspection and the making of arrangements for attending to the child's health and physical condition. The Education Acts; 1918 and 1921, not only extended the powers and duties in regard to medical inspection but also gave new powers, *e.g.*, to provide holiday camps, playing fields and school swimming baths.

As a guide to Local Authorities in the matter of physical education the Board of Education has from time to time issued a Syllabus of Physical Training. The last was published in 1933. It states that Physical Education includes " all activities likely to minister to physical health and all forms of occupation likely to create a love of open air and a healthy way of living."

The purpose of Physical Education is to promote the physiological functioning of the body by exercising all the muscles of the body reasonably so that they improve in tone and quality. In this way the growth, strength, and control of the body of each child will be secured. A supple body will result with mind and muscle closely co-ordinated.

Physical Education does not set out to take a child to the limit of his endurance. No doubt, big muscles would result if it did, but they would be accompanied by a strained heart. This danger may be avoided by remembering that all that physical education desires is the physiological functioning of the body. There is no desire to see what the heart and blood vessels can do. Indeed, the education should be designed that the minimum effort is required of the heart consistent with an efficient circulation of the blood.

There is, fortunately, an easy way of determining whether or not the purpose of physical education has been fulfilled. A glance at the posture and carriage of the child is enough. If these are good, we know that the strength, tone, and control of the body are satisfactory. Good posture is a sure indication of mental and physical health. It is a health which is glowing and is not merely an absence of disease. Those with experience of children have definite pictures in their minds. My own picture is that of a chubby-faced sturdy fellow with an erect body and nicely balanced head, clear, sparkling eyes, a radiant expression, and a general bearing which is the very essence of confidence. I have sometimes suspected that there might be a faint element of cheek in him. However that may be, I almost reverence the young imps. This picture has nothing in common with that which results when a child has been taught merely to carry out certain limited movements which he practises incessantly. That child is almost an automaton, and compares with the former as charcoal to living wood.

Some indication has already been given that the benefit a child derives from physical education is not only physical. It is also mental and spiritual. The child becomes more alert and more self-reliant. He acquires self-mastery. Properly given, physical education engenders a feeling of pleasure and exhilaration. These non-physical benefits are inevitable, for a child is a psycho-physical organism in which the physical and psychical are inextricably blended.

The school child is in a very different position from that of the adult, and particularly the adult of the Services. In the case of the adult, growth is complete ; in the case of the child both mind and body are developing apace. Further, during the nine years or so during which a child is at school he is submitted to ever increasing stress. A child changes from week to week. His bones are small and relatively soft. It follows that the development of a child's muscles, unless properly directed, may produce deformities, and certainly will aggravate existing deformities. No attempt should be made to " train " a child in the athletic sense. Any excess of energy a child may have should be left with him in order that it may be used in growth.

In the case of the Services there is a carefully selected personnel. It is known in advance exactly what will be required of each recruit, and only those who appear likely to fulfil the requirements are accepted. Contrast this state of affairs with that of school children. On their entry to school they are in no way selected. They come from many different stocks and many different environments, and accordingly show many individual differences. As a result, not every child is equal to the mental and physical demands made upon it. Physical education, therefore, must be made to fit the child and not the child to fit the education.

The Board of Education has taken into account the peculiar characteristics of school children with regard to physical education. The form of education devised is progressive and is well calculated to achieve the aims already set out. For the infants and junior schools there are free physical exercises ; for children and young people above that age there are physical exercises and gymnastics. It is not forgotten that at the time when a boy is becoming increasingly virile a girl is undergoing physiological changes which impose upon her a certain amount of strain. The exercises are graduated to suit average children of different ages, in much the same way as are the exercises in mathematics. They may be regarded as a necessary preparation for games. There is a danger of overstrain if a child enters upon games, *e.g.*, football, without a preliminary preparation of this kind. It is worth while pointing out here that the national games, together with dancing and swimming, while very useful adjuncts, do not and cannot promote a complete harmonious bodily development.

A suitable Syllabus of Physical Education exists. Education Authorities have appointed specially trained men and women to organise and supervise physical education in their areas. In addition, in some schools an *ad hoc* instructor is employed. In public elementary schools the instruction is carried out by the ordinary staff, but even these have undergone a course of physical education during their training and have passed an examination therein.

What, then, is left for the School Medical Officer ? A great deal. In the first place it is the School Medical Officer's duty to help those children who are fit to remain fit in order that they may derive full benefit from their education. Secondly, it is his duty to secure the restoration to health of those who are not fit. Physical education cannot proceed satisfactorily in a child who is ill or who suffers from subnormal nutrition, lack of sleep, etc. Thirdly, it is his duty to decide whether or not a particular child is or is not fit to undergo a particular stage of physical education.

Fourthly, it is his duty to see that those children who require remedial exercises receive them and that the exercises are appropriate to the defect. Fifthly, the School Medical Officer should do all in his power to encourage the Organisers and Teachers in their work.

It is pertinent to say a few words about Bad Posture, Fatigue, and Heart Conditions.

It is common at a Routine Medical Inspection to find a large number of children with a slight scoliosis. This is of no great moment. It is due simply to the way the child is standing and it readily disappears when the child bends the trunk forward. When a school is visited the children should be seen in action, *e.g.*, in the playground. This is essential for an accurate appraisement of their general physical condition. It is true, of course, that clothes may mask a postural defect.

When a case of poor posture is encountered the School Medical Officer should inquire into its cause and then advance the remedy. One or more of several factors may be operating—bad habit, ill-health, lack of suitable food, lack of sleep, etc. There is a very close association between malnutrition and poor posture.

It is worth while remembering that not only may disease bring about bad posture, but bad posture may bring about disease. A contracted chest of necessity limits the oxygenation of the blood.

With regard to fatigue, when a child's muscles are tired he will complain. The condition should be recognised, however, before this stage is reached. Carelessness, lack of precision, listlessness, bad posture, breathlessness, pallor, inattention—any or all of these may be due to fatigue. When a child shows fatigue the cause should be discovered and removed. The exercises precipitating the condition should be stopped temporarily and other less vigorous exercises substituted for them.

With regard to heart conditions, symptoms are more important than physical signs. If a child can go through his physical exercises without showing signs of distress, as exemplified by breathlessness and palpitation, it is probable that he may safely be allowed to continue. A most useful method of estimating the heart's efficiency is given in the 1934 Annual Report of the School Medical Officer for Lancashire.

An attempt has been made to set out the aims of physical education in school children, the characteristics of school children as contrasted with adults, and the rôle of the School Medical Officer. It is a pleasure to record that increasing interest is being taken in the subject and that greater facilities are being provided. It may well be that in due course School Medical Officers themselves, during their training, will be required to devote a greater amount of time to the subject.

The following is extracted from the Report of the Director of Education :—

The past year has seen a steady growth of interest in Physical Education in all types of schools in the County. The beginnings of a progressive scheme of work from the Infant to the Senior schools are now becoming apparent and the work is being more quickly adapted to the specific needs of the children.

Attendance at Teachers' Courses has been largely responsible for the better appreciation of the need for continuity of the scheme from department to department. Many teachers from Senior and Junior Departments have attended courses in Junior and Infant work and thus a better appreciation of preliminary work is being achieved. During the past year the following courses have been held :—

MEN.

Rochdale Juniors
Ormskirk Juniors
Oswaldtwistle Juniors
Lancaster Juniors
Bury Juniors
Leyland Juniors
Walkden Juniors

WOMEN.

Carnforth Rural Course
Westhoughton Infants
Westhoughton Juniors
Accrington Juniors
Waterloo General
Fleetwood Infants
Darwen Juniors

A Head Teachers' Course was held at the Ormskirk Edge Hill College.

Lectures to Teachers' and Parents' Associations have been undertaken by the Organisers and the co-operation of the parents in providing equipment is being slowly but appreciably improved.

All the Senior Schools have now been provided with portable apparatus and organised games equipment, enabling the scope of the work to be considerably extended. Shoes have been provided in all necessitous cases in Senior Schools, and year by year improvement is being made in the conditions under which the work is carried out, and with this improvement a better standard of work is being attained.

The steady progress which has been shown by the Organised Games' Associations in past years was well maintained, and there was extension in the scope of their activities in all parts of the County. Inter-school matches took place in many games, including football, netball, rounders, tennis, hockey and cricket. Whilst a few schools were outstanding, the various activities of the Associations were generally evenly contested, and many of the smaller schools were successful in their games with those who had a wider choice of players. Many of the Associations were connected with the English Schools Football Association and the Lancashire Schools Football Association and/or with various other Associations, local and national. The administrative County contributed its share of members to County and national teams of all kinds. The interest of parents and friends in the many activities of the Associations was well maintained, and this again took the practical form of gifts of prizes in many localities. The arrangements for 1937–38 were similar to those of the previous year. One new Association was formed during the year, and 397 schools have been included in the scheme as against 374 for the previous year.

The following table includes all the applications for the current year which have been submitted by the Local Committees :—

Dis. No.	Name of Association.	No. of Schools.
1	North Lonsdale Schools' Athletic	16
	Leven and Crake Valley Sports	9
	High Furness Rural Games	8
	Cartmel and District Schools' Athletic	5
2	South Lonsdale Schools'	15
3	Garstang and District Schools' Games	9
4	Fleetwood Elementary Schools' Games	5
	Thornton Cleveleys Elementary Schools' Games	7
6	Ribblesdale Schools' Games	4
7	South Ribble Elementary Schools' Games Federation	62
9	Oswaldtwistle Paddock	12
10	Area 10 Organised Games	11
11	Area 11 Organised Games	5
12	Area 12 Organised Games	8
13	Padiham and District Elementary Schools' Sports	5
14	Coppull Schools' Sports	5
	Adlington and District Schools' Sports	2
	Withnell Schools' Organised Games	5
16	Skelmersdale and Upholland District Schools' Organised Games	6
	Ormskirk and District	12
18	Standish and District Schools' Sports	4
19	Orrell Schools' Games	5
	Ashton-in-Makerfield School Sports	7
	Ashton-in-Makerfield Central Schools'	2
20	Turton District Schools' Athletic	8
21	Horwich Schools' Sports	8
	Westhoughton Schools' Athletic	11
22	Kearsley, Little Lever and District Sports	9
23	Ramsbottom Peel Brow Schools' Sports	2
25	Prestwich and Whitefield Schools' Games	12
26	Littleborough, Smallbridge and Wardle Day Schools' Games	11
	Milnrow District Schools' Games	4
	Whitworth Schools' Games	5
27	Crompton and Royton Scholars' Sports	14
28	Litherland Schools' Organised Games	10
29	Huyton and District Junior Sports	6
	Whiston Central Schools' Sports	2
	Eccleston and Moss Bank Schools' Athletic	2
	Prescot and Rainhill R.C. and Rainhill C.E. Schools'	3
	Rainford Schools' Athletic	4
	Huyton Senior Council and St. Edward's Senior R.C. Schools' Sports	2
30	Makerfield Schools' Sports	10
	Penketh and Sankey	2
	Haydock Senior Schools'	2
31	Atherton Schools' Athletic	10
	Tyldesley Schools' Sports	10
32	Makerfield (Golborne) Sports	3
33	Irlam and Cadishead Schools' Sports	8
	Urmston and Flixton District Schools' Athletic	7
34	Worsley District Schools' Sports	13
35	Droylsden Schools' Organised Games	3
	Denton and Haughton Schools' Cricket League	6
	Failsworth Schools' Athletic	5
	Waterloo Schools' Athletic	2
	Woodhouses Cricket	2
		425

Swimming.

Progress continues to be made in the teaching of swimming, and the keenness and enthusiasm of the pupils, teachers, managers and parents is a marked feature of this branch of the school work. During the year 31 districts, affecting 268 Schools or Departments, participated in the grants made by the Committee, and approximately 14,510 children attended weekly for instruction. The Swimming Certificates which are issued by the Committee are greatly appreciated, and 3,973 pupils were successful in obtaining these Certificates during the season under review. In a number of cases well-organised Swimming Galas were again held, and were well patronised by parents and others.

The following table shows the schools from which applications for grants have been received for Swimming Instruction during the year 1938–39, together with a list of the baths to be attended :—

Dis. No.	Name of School.	No. of Schools or Depts.	Baths to be Attended.
1	Dalton-in-Furness C.E.	13	Barrow
	Dalton-in-Furness Ireleth C.E.		,,
	Dalton-in-Furness Our Lady's R.C.		,,
	Dalton-in-Furness Askam-in-Furness Senior C.		,,
	Dalton-in-Furness Broughton Road C.		,,
	Dalton-in-Furness Nelson Street C. Girls		,,
	Dalton-in-Furness Newton C.		,,
	Dalton-in-Furness Dowdales Central		,,
	Grange C.E.		Grange
	Lower Allithwaite Allithwaite C.E.		,,
	Lower Allithwaite Cartmel C.E.		,,
	Lower Holker Holker		,,
	Upper Allithwaite Lindale C.E.		,,
2	Nether Kellet C.	6	Lancaster
	Carnforth C.E.		,,
	Bolton-le-Sands Boys		,,
	Ellel Dolphinholme C.E.		,,
	Ellel Mixed		,,
	Carnforth North Road C.		,,
3	Garstang C.E.	1	Preston, Saul Street
4	Fleetwood St. Mary's R.C.	10	Fleetwood
	Poulton-le-Fylde C.E.		Kirkham
	Poulton-le-Fylde R.C.		,,
	Fleetwood Chaucer C.		Fleetwood
	Fleetwood Milton C.		,,
	Fleetwood Bailey Senior Boys'		,,
	Fleetwood Bailey Senior Girls'		,,
	Thornton Cleveleys Senior C. Boys'		,,
	Thornton Cleveleys Senior C. Girls'		,,
	Poulton-le-Fylde Hodgson Senior C.		,,
5	Kirkham C.E. Girls	9	Kirkham
	Kirkham C.E. Boys		,,
	Kirkham and Wesham C.		,,
	Freckleton C.E.		,,
	Bryning-with-Warton Warton Endowed		Lytham
	Ribby-with-Wrea Endowed C.E.		Kirkham
	Wesham R.C.		,,
	Wesham C.E.		,,
	Kirkham The Willows R.C.		,,
6	Longridge Berry Lane C.	7	Preston, Saul Street
	Longridge St. Wilfrid's R.C.		,,
	Longridge R. Smith's C.E. Senior		,,
	Woodplumpton C.E.		Preston, Haslam Park
	Broughton-in-Preston Grammar		Preston, Saul Street
	Ribchester Knowle Green		,,
	Fulwood and Cadley C.		,,
7	Higher Walton C.E.	18	Preston, Saul Street
	Walton-le-Dale St. Patrick's R.C.		,,
	Walton-le-Dale C.E.		,,
	Penwortham Cop Lane		,,
	Penwortham Middleforth C.E.		,,
	Penwortham Howick C.E.		,,
	Much Hoole Hoole C.E.		,,
	Walton-le-Dale Lostock Hall C.		,,
	Longton St. Oswald's R.C.		,,
	Little Hoole Junior and Infants' C.		,,
	New Longton C.E.		Southport
	Banks Methodist		,,
	Banks St. Stephen's		,,
	Tarleton Mere Brow C.E.		,,
	Tarleton C.E.		,,
	Longton Council		,,
	Farington Endowed		Preston, Saul Street
	Tarleton Council		Southport
9	Rishton School Street Methodist	7	Blackburn, Blakey Moor
	Oswaldtwistle Belthorn and Daisy Green C.E.		Blackburn Belper Street
	Oswaldtwistle Knuzden St. Oswald's		,,
	Oswaldtwistle R.C.		Accrington
	Church and Oswaldtwistle Central		,,
	Oswaldtwistle Moor End C.		,,
	Oswaldtwistle Rhyddings Senior C.		,,
10	Billington R.C.	5	Blackburn, Belper Street
	Salesbury		,,
	Livesey Cherry Tree C.E.		Blackburn, Freckleton Street and Brinscall
	Yate and Pickup Bank Independent Chapel		Blackburn, Belper Street
	Livesey Feniscowles C.		Brinscall

Dis. No.	Name of School.	No. of Schools or Depts.	Baths to be Attended.
11	Brierfield Walter Street C.	2	Nelson
	Brierfield Holy Trinity R.C.		,,
12	Trawden C.	4	Colne
	Foulridge C.E.		,,
	Barrowford Higherford St. Peter's and St. Paul's R.C.		Nelson
	Barrowford C.		,,
13	Padiham C.E. Senior	8	Burnley, Gannow and Central
	Padiham St. John's R.C.		,,
	Hapton C.E.		,,
	Altham C.E.		,,
	Sabden R.C.		,,
	Sabden C.		,,
	Padiham C.		,,
	Hapton C.		,,
14	Withnell Brinscall Methodist	16	Brinscall
	Withnell St. Joseph's R.C.		,,
	Withnell C.E.		,,
	Withnell Fold Methodist		,,
	Withnell Methodist		,,
	Adlington C.E.		,,
	Wheelton C.		,,
	Anderton St. Joseph's R.C.		,,
	Coppull Moor C.E.		,,
	Coppull Chapel Lane C.E.		,,
	Charnock Richard C.E.		,,
	Coppull St. Oswald's R.C.		,,
	Adlington St. Paul's C.E.		,,
	Anderton, Adlington and District C.		,,
	Coppull and District C.		,,
	Heapey White Coppice C.E.		,,
15	Leyland St. Mary's R.C.	13	Preston, Saul Street
	Croston P.		,,
	Croston Methodist		,,
	Brindle P.		Chorley
	Brindle St. Joseph's R.C.		Preston, Saul Street
	Clayton Green R.C.		Brinscall
	Clayton-le-Woods C.E.		,,
	Whittle-le-Woods South-Hill R.C.		,,
	Whittle-le-Woods C.E.		,,
	Eccleston		,,
	Euxton C.E.		,,
	Euxton St. Mary's R.C.		,,
	Leyland Senior C.		Brinscall and Preston, Saul Street
16	Burscough Bridge St. John's C.E.	16	Southport
	Burscough Bridge Methodist		,,
	Ormskirk Newburgh		,,
	Ormskirk Burscough Lords Gate Township		,,
	Skelmersdale Methodist		,,
	Skelmersdale Endowed		,,
	Ormskirk United Charity Boys' C.E.		,,
	Bickerstaffe C.E. Boys'		,,
	Bickerstaffe C.E. (G. & I.)		,,
	Maghull C.E.		Walton, Queen's Drive
	Aughton Christ Church		Southport
	Skelmersdale C. Boys'		,,
	Skelmersdale C. Girls'		,,
	Scarisbrick St. Mary's R.C.		,,
	Ormskirk C. Girls'		,,
	Skelmersdale R.C.		,,
18	Standish Grammar	4	Wigan
	Shevington Broad-o'th'-Lane C.		,,
	Wrightington St. Joseph's R.C.		,,
	Wrightington Mossy Lea C.		,,
19	Upholland Roby Mill All Hallows' R.C.	9	Wigan
	Ashton-in-Makerfield Park Lane Undenominational		,,
	Abram St. Andrew's C.E.		Leigh
	Orrell Lamberhead Green C.		Wigan
	Abram Bryn Gates C.		,,
	Orrell St. James' Road C.		,,
	Ashton-in-Makerfield Central C.		,,
	Upholland Roby Mill C.E.		,,
	Upholland Village Mixed		,,
20	Turton Edgworth Hob Lane C.	4	Darwen
	Turton Eagley Mills		Egerton
	Turton Walmsley C.E.		,,
	Turton Belmont C.		,,
22	Kearsley Mount Methodist	6	Farnworth
	Kearsley St. John's		,,
	Kearsley West C.		,,
	Kearsley Ringley C.E.		,,
	Little Lever C.E.		Radcliffe
	Little Lever Senior C.		,,
23	Ramsbottom Central C.	4	Haslingden
	Ramsbottom Buckhurst C.E.		Bury
	Ramsbottom Holcombe C.E.		,,
	Ramsbottom St. Andrew's C.E.		,,
24	Tottington St. Anne's	2	Bury
	Tottington Walshaw C.E.		,,
25	Whitefield Higher Lane C.	3	Radcliffe
	Prestwich The Heys Senior Boys'		Cheetham, Manchester
	Prestwich Hope Park Senior Girls' C.		,,
26	Littleborough Dearnley C.E.	11	Rochdale
	Littleborough C.E.		,,
	Milnrow C.E.		,,
	Whitworth C.E.		Bacup
	Littleborough Shore C.		Rochdale
	Littleborough Smithy Bridge C.		,,
	Littleborough Central		,,
	Milnrow Moorhouse C.		,,
	Whitworth Leavengreave C.		Bacup
	Whitworth Tonacliffe C.		,,
	Wardle Central C.		Rochdale
27	Crompton East Crompton C.E.		Crompton
	Crompton High Crompton C.E.		,,
	Crompton Shaw Greenfield Lane C.		,,
	Crompton Shaw C.E.		,,
	Crompton Shaw St. Joseph's R.C.		Shaw
	Crompton Shaw Methodist		Crompton
	Crompton Central C.		,,
	Crompton House C.E. Central		,,
	Royton St. Aidan's R.C.		Royton
	Royton St. Anne's C.E. Central		,,
	Royton St. Paul's C.E. Boys		,,
	Royton St. Paul's C.E. Girls		,,
	Royton Byron Street C.		,,
	Royton Central C.		,,

Dis. No.	Name of School.	No. of Schools or Depts.	Baths to be Attended.
28	Litherland R.C.	15	Bootle, Balliol Road
	Litherland St. Philip's C.E.		,,
	Kirkby C.E.		,,
	Litherland Lander Road C. Boys'		Bootle, Marsh Lane
	Litherland Lander Road C. Girls'		,,
	Litherland St. Elizabeth's R.C.		,,
	Litherland Beach Road C. Boys'		,,
	Litherland Beach Road C. C. Girls'		Bootle, Balliol Road
	Formby R.C. Boys'		Southport
	Formby R.C. Girls'		,,
	Formby Holy Trinity C.E.		,,
	Formby St. Peter's C.E. Boys'		,,
	Formby St. Peter's C.E. Girls'		,,
	Litherland Central Boys'		Bootle, Balliol Road
	Litherland Central Girls'		,,
29	Whiston Central C. Boys'	5	St. Helens
	Whiston Central C. Girls'		,,
	Huyton Twig Lane C.		Liverpool Dovecot
	Huyton Senior C.		,,
	Huyton St. Edward's R.C.		,,
30	Winwick C.E.	20	Warrington
	Rixton-with-Glazebrook Hollins Green C.E.		,,
	Haydock R.C.		St. Helens
	Earlestown District C.E.		Warrington
	Earlestown Manor C.E.		,,
	Newton-le-Willows St. Mary's R.C. Boys'		,,
	Newton-le-Willows St. Mary's R.C. Girls'		,,
	Newton-in-Makerfield St. Peter's C.E.		,,
	Newton-in-Makerfield Wargrave C.E.		,,
	Burtonwood St. Paul of the Cross R.C.		,,
	Padgate C.E.		,,
	Haydock Senior C. Boys'		St. Helens
	Haydock Senior C. Girls'		,,
	Earlestown Central C. Girls'		Warrington
	Earlestown Central C. Boys'		,,
	Penketh C.		,,
	Great Sankey C.		,,
	Burtonwood C.		,,
	Woolston R.C.		,,
	Woolston C.E.		Woolston Lido
31	Tyldesley Boothstown R.C.	19	Tyldesley
	Tyldesley Boothstown Methodist		,,
	Tyldesley Central C.E.		,,
	Tyldesley Mosley Common C.E.		,,
	Tyldesley Upper George Street C.		,,
	Tyldesley C.E.		,,
	Tyldesley Astley St. Stephen's		,,
	Tyldesley Marsland Green		,,
	Tyldesley Senior Girls' C.		,,
	Tyldesley Senior Boys' C.		,,
	Atherton Hesketh Fletcher Senior C.E. Boys'		Atherton
	Atherton Hesketh Fletcher Senior C.E. Girls'		,,
	Atherton Bolton Road		,,
	Atherton Chowbent		,,
	Atherton Hindsford C.E.		,,
	Atherton Howe Bridge C.E.		,,
	Atherton Lee Street Undenominational		,,
	Atherton Hindsford St. James' R.C.		,,
	Atherton St. George's C.E.		,,
32	Golborne Lowton C.	3	Leigh
	Golborne Lowton St. Mary's		,,
	Golborne Culcheth C.		,,
33	Irlam Cadishead Senior C.	5	Urmston
	Urmston English Martyrs'		,,
	Irlam Central		,,
	Urmston Flixton C. Girls'		,,
	Urmston Flixton C. Boys'		,,
34	Worsley Boothstown C.E.	14	Walkden
	Worsley Swinton All Saints'		,,
	Worsley Walkden C.E.		,,
	Worsley C.E.		,,
	Worsley Hulton St. John's Ellesmere		,,
	Worsley Walkden Senior Boys' C.		,,
	Worsley Walkden Senior Girls' C.		,,
	Worsley Hulton Walkden Methodist		,,
	Worsley Hulton Peel St. Paul's C.E.		,,
	Worsley Hulton St. Edmund's R.C.		,,
	Worsley Hulton St. John the Baptist's R.C.		,,
	Worsley Walkden Moor Methodist		,,
	Worsley Hulton Wharton C.		,,
	Worsley Hulton East C.		,,
35	Denton Christ Church C.E.	22	Gorton
	Denton St. Mary's R.C.		,,
	Denton Haughton Green C.E.		Hyde
	Audenshaw C.E.		Ashton-under-Lyne
	Lees Leesfield C.E.		Oldham, Glodwick
	Lees Zion Methodist		,,
	Lees St. Edward's R.C.		,,
	Failsworth St. John's C.E.		New Moston
	Failsworth Holy Trinity C.E.		Newton Heath
	Failsworth St. Mary's R.C.		,,
	Bardsley C.E.		Hathershaw
	Waterloo Christ Church		Ashton-under-Lyne
	Droylsden Manchester Road C.		Manchester, Bradford
	Droylsden Moorside C.		,,
	Audenshaw C.		Whitworth
	Failsworth Mather Street C.		New Moston
	Droylsden Fairfield Road C.		Whitworth
	Denton Central C.		Gorton
	Failsworth Minor Street C. Boys'		Hollinwood
	Failsworth Minor Street C. Girls'		,,
	Waterloo C.		Ashton-under-Lyne
	Audenshaw Poplar Street C.		Whitworth

PROVISION OF MEALS AND MILK TO ELEMENTARY SCHOOL CHILDREN.

Sections 82–84 of the Education Act, 1921, which have been adopted by the Lancashire Education Committee, confer on Local Education Authorities power to provide meals for children attending Public Elementary Schools. It is intended that the meals supplied by the Authorities shall be supplementary to those given to the children at home by their parents. The object of the provision is to secure that no child shall be prevented by lack of food from taking full advantage of the education provided.

Much interest has been taken recently in the science of nutrition, particularly during the years 1935, 1936 and 1937. The Ministry of Health, the League of Nations, and other bodies have set up Committees to inquire into the problems connected with nutrition. As a result, several important discoveries have been made, which, when generally applied, will be a positive contribution towards the promotion of health.

The new facts are many and without close study, difficult to understand. The practical application of the facts, however, can be stated simply. There must be included in the dietary of the whole community sufficient amounts of " protective " foods—*i.e.*, foods which tend to protect against disease, examples being milk (and milk products), green vegetables, fruit, and eggs—and of " first class protein,", *i.e.*, protein of animal origin, examples being milk, meat, eggs. The inclusion of these foods in adequate quantities is especially important in the dietaries of mothers and children. The younger the child the more essential it is that it should be properly fed, for the effects of a dietary deficient during childhood may persist throughout life.

The daily food requirements of each individual can now be set out with some degree of accuracy. It is known, however, that some members of the community do not receive the optimum requirements. Sometimes there is a deficiency in quantity. More often there is a deficiency in quality; sufficient quantities of " protective " foods and of " first class protein " are lacking.

While it is true that each child should be fed on appetite, the average daily requirements of school children of any age-group are known. For example, members of the 8–10 years age-group, which may be regarded as an average group, require daily the following :—

(*a*) *Calories* to the amount of 2,100 per head.

The daily rations to supply these should consist of approximately 70 grammes (2½ ozs.), of protein, 70 grammes (2½ ozs.) of fat, and 280 grammes (10 ozs.) of carbohydrate.

(*b*) *First-Class Protein.*—At least 26 grammes of the 70 grammes mentioned above should consist of first-class protein.

(*c*) *Certain Minerals* in adequate quantity.

(*d*) *Certain Vitamins* in adequate quantity.

In the Administrative County the School Medical Sub-Committee of the Education Committee is responsible for the administration of the scheme under which meals are supplied to school children. Diets arranged to make up the deficiencies known to occur in the home diets of children have been prepared at the Central Office and sent to Local Area Committees as guides.

Specimen menus are given below. The quantities are for 100 children. Every effort is made to reach a high standard in cooking and service, and special attention is directed towards making the meals appetising. Only English meat is used. An adequate amount of bread is supplied with each meal. The order of the menus is changed weekly.

MEAT COURSE.

1. *Potato Pie.*

Beef	12 lbs.
Mutton	7 lbs.
Potatoes	30 lbs.
Onions	4 lbs.
Pastry of flour (7 lbs) and Lard (4 lbs.)	
Cabbage	20 lbs.

2. *Potato Hash.*

Beef	12 lbs.
Mutton	7 lbs.
Potatoes	35 lbs.
Onions	4 lbs.
Carrots	7 lbs.
Swedes	7 lbs.

3. *Steak and Kidney Pie*

Stewing Steak ...	14 lbs.
Kidney	5 lbs.
Carrots	4 lbs.
Onions	6 lbs.
Flour	7 lbs.
Lard	2 lbs.
Potatoes	35 lbs.

4. *Haddock in Milk.*

Haddock ...	20 lbs.
Milk	20 pints.
Potatoes	35 lbs.

5. *Cod with Egg Sauce.*

Cod	20 lbs.
Butter	18 ozs.
Flour	20 ozs.
Milk	10 pints
Eggs	20 (hard boiled).
Potatoes	35 lbs.

6. *Liver and Onions.*

Liver	12 lbs.
Bacon	12 lbs.
Onions	8 lbs.
Potatoes	35 lbs.
Swedes	12 lbs.

7. *Irish Stew.*

Middle and scrag end neck of Mutton... ...	20 lbs.
Onions	16 lbs.
Carrots ...	8 lbs.
Potatoes	35 lbs.

8. *Meat Pudding.*

Leg of Beef ...	16 lbs.
Flour	12 lbs.
Suet	4 lbs.
Baking Powder ...	3½ ozs.
Stock	
Potatoes	30 lbs.
Cabbage	20 lbs.

9. *Toad in the Hole.*

Sausages	16 lbs.
Milk	25 pints
Flour	12½ lbs.
Eggs	25
Dripping	1½ lbs.
Potatoes	35 lbs.

10. *Stewed Mutton.*

Middle and scrag end neck of Mutton... ...	20 lbs.
Barley	3 lbs.
Mixed vegetables (carrots, turnips and onions) ...	15 lbs.
Stock	
Potatoes	35 lbs.

11. *Roast Mutton.*

Leg of Mutton ...	20 lbs.
Gravy	6 quarts
Potatoes	35 lbs.
Cabbage or Carrots and Swedes ...	20 lbs.

12. *Roast Beef.*

Topside of Beef ...	16 lbs.
Gravy	6 quarts
Potatoes	35 lbs.
Cabbage	25 lbs.

SWEETS.

1. *Rice Pudding.*

Rice	2¼ lbs.
Milk	25 pints.
Sugar	2 lbs.
Butter	4 ozs.

2. *Fig or Date Pudding.*

Flour	12 lbs.
Baking Powder ...	3½ ozs.
Suet	4 lbs.
Sugar	4 lbs.
Figs or Dates ...	4 lbs.

3. *Jam Roly-poly Pudding* (*steamed*).

Flour	6 lbs.
Suet	4½ lbs.
Sugar	2 lbs.
Jam	10 lbs.
Salt and Baking Powder	

4. *Stewed Fruit and Custard.*

Fresh Fruit ...	19 lbs.
Sugar	5–7 lbs.
Custard—	
Milk	25 pints.
Sugar	1½ lbs.
Custard Powder	1½ lbs.

5. *Sponge Pudding* (*baked*).

Flour	10 lbs.
Breadcrumbs ...	3 lbs.
Baking Powder ...	4 ozs.
Fat (butter or margarine) ...	4¼ lbs.
Sugar	4 lbs.
Milk	4 pints.
Jam Sauce ...	6 quarts

6. *Apple Pudding* (*steamed*).

Flour	12 lbs.
Baking Powder ...	3½ ozs.
Suet	4 lbs.
Apples	19 lbs.
Sugar ...	5 lbs.

7. *Trifle.*

Sponge or plain Cake	5 lbs.
Breadcrumbs ...	2 lbs.
Jam	6 lbs.
Milk	28 pints
Custard Powder ...	1¾ lbs.
Sugar	1½ lbs.

8. *Bread and Butter Pudding.*

Bread	9 lbs.
Margarine ...	2 lbs.
Sugar	2 lbs.
Sultanas	2 lbs.
Milk	16 pints
Eggs	18

The County Medical Officer maintains observation over the children receiving meals and the manner in which the meals are provided. Local administrative arrangements, however, are made by the Local Area Committees and submitted to the County Medical Officer for approval.

The selection of the children is made in the first instance by the Teachers, School Attendance Officers, Health Visitors or Assistant School Medical Officers.

It is not necessary to wait for the appearance of physical signs of malnutrition before selecting a child for feeding. Any educational evidence, any inability to profit from mental or physical instruction, any lassitude, however slight these may be, may justify provision.

In some Districts in the County Area, milk only (up to one pint a day) is being supplied to necessitous school children, but in other districts mid-day meals and milk up to two-thirds of a pint are provided.

The Milk in Schools Scheme of the Milk Marketing Board continues in operation. Under this scheme, milk supplied to schools or recognised centres and consumed on the premises can be purchased by scholars, and also by the Education Committee, at a cost of ½d. per one-third pint, *i.e.*, 1/- per gallon, the remainder of the cost being borne by the Exchequer and the Milk Marketing Board. The voluntary scheme, *i.e.*, where the scholars purchase the milk is administered by the teachers of the various schools. In 1937 the voluntary scheme was operated in 623 schools, 47,839 scholars participating.

The provision of milk in schools is an important health factor and deserves detailed consideration. Cow's milk is the most complete food known. It is extremely valuable in promoting growth and health in children. From the point of view of nutrition its only drawback is that it is deficient in energy-giving constituents relative to its bulk. Apart from its own intrinsic value it is important in that it enables the other constituents of an ordinary diet to be more fully used.

It is unfortunate that such an important article of diet is a potential source of danger to health. Milk should be both " clean " and " safe." By " cleanliness " is meant freedom from extraneous matter such as manure and dust. By " safety " is meant freedom from pathogenic organisms. Naturally, every effort should be made to produce a " clean " milk but no amount of cleanliness can ensure that the milk will be free from disease-producing organisms. The source of contamination may be the cow, the human personnel, water and possibly rodents. From cattle there may result contamination with the organisms causing tuberculosis, undulant fever, scarlet fever, septic sore-throat, and gastro-enteritis. When it is remembered that it is practically impossible to eradicate disease in cattle it will be realised that there is no immediate prospect of supplying the whole population with milk which can be guaranteed free from *initial* contamination. By the human personnel, milk may be contaminated with the organisms which cause sore throat, diphtheria, typhoid fever and dysentery. Effective medical control of the personnel is almost impossible of achievement. Apart from the cost, it is of necessity uncertain in its results.

It is the existence of these difficulties and dangers that has led the Health Organisation of the League of Nations, a most authoritative body, to say:—" The only satisfactory method of ensuring the final safety of the product is to submit it to some form of heat treatment that can be relied on to destroy any pathogenic organisms that may be present. It is our considered and emphatic opinion that all liquid milk for human consumption should be adequately pasteurised or boiled." With regard to pasteurisation the same authoritative body says, "The fear that pasteurisation was detrimental to the food value of the milk has undoubtedly deterred many doctors in the past from supporting compulsory pasteurisation. This fear appears to be entirely groundless and should now be removed to the limbo of disproved and forgotten prejudices." The Board of Education also, in Circular 1437, recommends strongly the use of efficiently pasteurised milk.

In the area of the Lancashire Education Committee, it is unfortunately a fact that there is not available an adequate supply of pasteurised milk for schools. Insistence upon pasteurised milk would, therefore, deprive a number of schools of a milk supply.

The number of contractors supplying milk to schools in the County area on the 31st December, 1937, was 343. Of this number 73 supplied Accredited milk, 4 Tuberculin Tested, and 29 Pasteurised milk.

The supply of each contractor was examined quarterly for tubercle bacilli. During 1937, 1,318 samples were taken and 73 (*i.e.*, 5 per cent.) of them were reported positive.

When a school milk supply was found to contain tubercle bacilli, arrangements were made immediately for the cattle at the farm concerned to be examined by one of the Veterinary Surgeons on the County Panel. (By the terms of the Agriculture Act, 1937, this work is now carried out by the Veterinary Staff of the Ministry of Agriculture and Fisheries). Animals showing any symptoms of disease were isolated and the milk withheld from the general supply pending the result of the examination of the individual samples from those cows.

The supplies of the 77 contractors licensed for the production of Accredited and Tuberculin Tested Milk were examined quarterly under the Milk (Special Designations) Order, 1936, for tubercle bacilli, and also for bacterial content. The licensed herds were also submitted to a veterinary examination each quarter, and any animals showing suspicious symptoms were isolated and the milk was not used for human consumption until the herd was free from disease.

The following table shows the Townships in which mid-day meals were provided, and the cost :—

Area No.	Township.	Amount spent.						No. of meals provided.	Average cost per meal per child.	
		Food.			Total.				Food.	Total.
		£	s.	d.	£	s.	d.		d.	d.
9	Great Harwood	583	18	6	652	11	3	24,037	5·83	6·52
	Clayton-le-Moors	382	4	4	394	11	8	16,436	5·58	5·76
	Church	120	15	0	126	12	2	5,796	5·00	5·24
	Rishton	255	16	11	264	13	5	9,950	6·17	6·38
	Oswaldtwistle	565	8	4	617	12	0	22,510	6·03	6·58
11	Brierfield	228	14	2	262	15	5	10,978	5·00	5·75
13	Padiham	618	0	0	848	7	4	37,080	4·00	5·49
14	Withnell	157	7	10	280	0	0	8,395	4·50	8·00
	Adlington	229	19	1	357	18	8	12,265	4·50	7·00
	Chorley R.D. (Coppull) ...	305	17	11	446	9	9	16,315	4·50	6·57
16	West Lancs. R.D. (Halsall and Scarisbrick)	156	5	0	163	10	10	12,500	3·00	3·14
18	Standish	217	1	3	331	5	1	17,365	3·00	4·58
	Blackrod	232	14	8	373	5	7	13,964	4·00	6·42
	Aspull	1,343	3	4	1,805	11	9	80,590	4·00	5·38
19	Ashton-in-Makerfield ...	358	19	4	740	10	11	38,292	2·75	4·64
21	Westhoughton	821	17	3	1,247	12	10	41,827	4·72	7·16
	Horwich	305	5	8	495	17	5	18,317	4·00	6·50
22	Kearsley	685	5	0	989	16	4	32,892	5·00	7·22
	Little Lever	250	4	0	352	0	1	12,017	5·00	7·03
23	Ramsbottom	354	10	5	426	9	5	14,406	5·91	7·10
24	Tottington	129	13	0	152	15	6	6,113	5·09	6·00
25	Whitefield	126	15	0	141	19	0	5,070	6·00	6·72
	Prestwich	149	7	6	221	13	4	7,170	5·00	7·42
26	Littleborough	12	6	8	12	15	4	370	8·00	8·28
	Whitworth	49	3	1	51	6	3	1,822	6·47	6·76
30	Haydock	529	17	9	899	16	1	46,245	2·75	4·67
	Newton-in-Makerfield ...	631	16	0	990	17	10	48,559	3·12	4·90
	Warrington R.D. (Burtonwood) ...	157	6	3	271	12	4	13,730	2·75	4·75
31	Tyldesley	437	18	0	601	0	9	26,274	4·00	5·49
	Atherton	806	11	8	1,042	0	5	48,395	4·00	5·17
32	Golborne	538	4	8	760	0	4	32,294	4·00	5·65
34	Worsley	614	10	6	1,064	11	11	33,183	4·44	7·70
		£12,356	18	1	£17,388	1	0	715,157	4·15d.	5·84d.

The following table shows the Townships in which fresh milk has been provided, and the cost :—

Area No.	Township.	Amount spent.						No. of pints of milk provided.	Average cost per pint.	
		Milk.			Total.				Milk.	Total.
		£	s.	d.	£	s.	d.		d.	d.
1	Dalton-in-Furness	235	11	2	261	13	10	37,433⅔	1·51	1·68
	Ulverston	147	6	2	163	7	6	23,084	1·53	1·68
	Ulverston R.D.	119	1	2	131	14	9	18,159⅓	1·57	1·74
2	Carnforth	46	0	11	59	6	3	7,362⅓	1·50	1·93
	Lancaster R.D.	112	18	7	144	12	5	17,595	1·54	1·97
	Lunesdale R.D.	40	10	7	50	11	5	5,573⅔	1·74	2·18
3	Preesall	14	13	0	17	10	0	2,344	1·50	1·79
	Garstang R.D.	63	9	9	76	2	9	10,029⅓	1·52	1·82
4	Fleetwood	394	10	0	432	12	10	54,461⅓	1·74	1·91
	Poulton-le-Fylde	33	2	3	36	8	6	4,727⅔	1·69	1·85
	Thornton Cleveleys	124	17	9	137	1	8	17,419	1·72	1·89
	Fylde R.D.	13	14	1	15	1	1	1,928⅓	1·70	1·87
5	Kirkham	149	2	5	172	16	11	23,859	1·50	1·74
	Fylde R.D.	69	6	10	79	11	6	10,284	1·62	1·86
6	Fulwood		3	0		4	4	24	1·50	2·17
	Longridge	69	19	4	95	14	4	9,222⅓	1·82	2·47
	Preston R.D.	35	17	2	50	0	10	5,388	1·60	2·23
7	Walton-le-Dale	123	18	10	158	3	0	17,125⅔	1·74	2·22
	Preston R.D.	41	11	9	54	7	2	6,392	1·56	2·05
	West Lancs. R.D.	25	1	8	33	2	1	4,014⅓	1·50	1·98
8	Clitheroe R.D.	16	8	10	31	8	10	2,632⅓	1·50	2·87
9	Great Harwood	9	16	0	11	1	10	1,568	1·50	1·70
	Clayton-le-Moors	8	2	6	9	4	0	1,229	1·59	1·80
	Church	2	12	0	2	18	10	416	1·50	1·70
	Rishton	3	3	8	3	12	1	509	1·50	1·70
	Oswaldtwistle	3	14	3	4	4	1	594	1·50	1·70
10	Blackburn R.D.	159	14	8	176	18	6	20,566⅔	1·86	2·06
11	Brierfield	13	8	5	16	4	8	906⅓	3·55	4·30
	Burnley R.D.	6	18	4	10	6	11	1,104⅔	1·50	2·25
12	Barrowford	60	0	6	72	13	5	4,080⅓	3·53	4·28
	Burnley R.D.	4	2	2	6	3	2	657⅓	1·50	2·25
13	Padiham	3	6	6	3	12	7	267⅓	2·99	3·26
	Burnley R.D.	82	9	9	94	13	0	10,618	1·86	2·14
14	Withnell	3	17	3	4	4	10	618	1·50	1·64
	Adlington	6	0	6	6	12	4	964⅓	1·50	1·64
	Chorley R.D.	47	11	10	51	7	4	6,158⅓	1·85	2·00
15	Leyland	109	13	7	121	10	6	14,677	1·79	1·99
	Chorley R.D.	146	12	5	162	5	6	19,398⅔	1·81	2·01
16	Ormskirk	383	13	4	413	13	4	51,412	1·80	1·93
	Skelmersdale	176	17	0	190	17	2	24,006	1·77	1·91
	West Lancs. R.D.	239	15	10	258	9	10	32,034⅔	1·80	1·94
18	Standish	30	17	0	32	5	0	3,921⅔	1·89	1·97
	Blackrod	115	10	7	120	9	1	13,781⅔	2·01	2·10
	Aspull	20	9	9	21	1	4	1,639	3·00	3·08
	Wigan R.D.	176	4	10	184	4	1	22,460⅔	1·88	1·97

Area No.	Township.	Amount spent.						No. of pints of milk provided.	Average cost per pint.	
		Milk.			Total.				Milk.	Total.
		£	s.	d.	£	s.	d.		d.	d.
19	Upholland	127	15	1	138	8	6	18,612⅔	1·64	1·78
	Orrell	234	14	4	254	9	5	34,449⅓	1·63	1·77
	Billinge	58	0	11	62	17	7	8,438⅓	1·65	1·79
	Ashton-in-Makerfield ...	32	10	9	34	0	7	2,603	3·00	3·14
	Abram	136	17	11	148	7	11	20,061⅔	1·63	1·77
20	Turton	57	6	11	80	13	3	9,180⅓	1·50	2·11
21	Horwich	4	15	9	5	9	7	766	1·50	1·72
22	Kearsley	10	2	1	11	10	7	1,616	1·50	1·71
	Little Lever	3	11	8	4	1	10	574	1·50	1·71
23	Ramsbottom	5	11	11	6	19	4	898⅔	1·50	1·86
24	Tottington...	2	13	4	4	3	9	427	1·50	2·35
25	Whitefield	3	3	1	4	6	9	395	1·92	2·65
	Prestwich	12	11	6	17	4	0	1,543	1·96	2·68
26	Littleborough	112	16	4	130	11	5	14,953	1·81	2·10
	Milnrow	106	7	9	123	8	3	14,351⅔	1·79	2·06
	Wardle	54	17	2	63	11	9	7,359⅔	1·80	2·07
	Whitworth	154	1	4	177	19	4	20,491	1·81	2·08
27	Crompton	215	16	10	249	0	3	30,248⅔	1·71	1·98
	Royton	141	13	11	163	10	6	19,903	1·71	1·97
28	Great Crosby	68	17	6	81	9	2	11,022⅔	1·50	1·77
	Litherland	245	19	6	290	17	6	39,362⅔	1·50	1·77
	Formby	33	9	4	39	11	8	5,358	1·50	1·77
	West Lancs. R.D. ...	18	18	7	22	7	8	3,029	1·50	1·77
	Whiston R.D.	2	9	4	2	17	5	389⅓	1·52	1·77
29	Huyton	792	5	0	841	10	5	116,757	1·63	1·73
	Prescot	228	10	6	243	0	9	34,469	1·59	1·69
	Rainford	36	7	1	38	14	1	5,580	1·56	1·66
	Whiston R.D.	245	7	3	260	17	6	36,857⅓	1·60	1·70
30	Newton-in-Makerfield ...	9	18	1	10	15	8	1,587⅔	1·50	1·63
	Warrington R.D. ...	132	15	4	141	18	8	16,584⅙	1·92	2·05
31	Tyldesley	0	11	3	0	12	1	60⅔	2·21	2·38
	Atherton	5	13	0	5	18	11	405	3·35	3·52
32	Golborne	35	15	7	41	4	1	5,065	1·69	1·95
33	Irlam	155	16	3	180	9	10	21,812⅔	1·71	1·98
	Urmston	211	15	5	242	1	10	26,801⅓	1·89	2·16
34	Worsley	5	9	1	6	2	3	554⅓	2·36	2·64
35	Denton	44	5	8	56	16	6	7,458⅔	1·42	1·82
	Lees	88	9	0	112	1	1	14,039	1·51	1·91
	Failsworth...	57	19	3	73	10	11	9,270⅓	1·50	1·90
	Droylsden	91	16	7	117	10	7	15,285⅓	1·44	1·84
	Limehurst R.D. ...	58	9	10	74	16	3	9,707	1·44	1·84
		£7,738	5	8	£8,746	4	8	1100976⅙	1·68d.	1·90d.

The following table shows the Townships in which children were provided with milk as well as a mid-day meal, and the cost :—

Area No.	Township.	Amount spent (milk only).			No. of pints of milk provided.	Cost per pint.
		£	s.	d.		d.
9	Great Harwood	47	14	5	7,593	1·50
	Clayton-le-Moors	34	16	6	5,572⅓	1·50
	Church	10	18	4	1,748⅔	1·50
	Rishton	21	2	9	3,382	1·50
	Oswaldtwistle	45	15	2	7,297	1·50
11	Brierfield	60	5	11	4,078⅔	3·55
13	Padiham	100	19	8	16,163⅓	1·50
14	Withnell	13	13	1	2,188	1·50
	Adlington	16	6	10	2,616	1·50
	Chorley R.D.	47	8	1	7,585⅓	1·50
16	West Lancashire R.D. ...	28	6	6	4,532	1·50
18	Standish	37	6	0	5,969⅔	1·50
	Blackrod	33	2	6	5,300⅓	1·50
	Aspull	188	19	4	30,240⅓	1·50
19	Ashton-in-Makerfield	86	14	6	13,876	1·50
21	Westhoughton	93	3	7	14,911	1·50
	Horwich	38	18	8	6,227	1·50
22	Kearsley	61	17	6	9,908	1·50
	Little Lever	19	14	3	3,158	1·50
23	Ramsbottom	31	10	7	5,049⅔	1·50
24	Tottington	13	7	2	2,151	1·50
25	Whitefield	8	10	2	1,483⅓	1·38
	Prestwich	14	16	6	2,589	1·38
26	Littleborough		10	8	86	1·50
	Whitworth	2	5	9	366⅔	1·50
30	Haydock	80	6	11	12,856	1·50
	Newton-in-Makerfield ...	102	8	11	16,396	1·50
	Warrington R.D.	23	16	7	3,816	1·50
31	Tyldesley	69	15	3	11,143	1·50
	Atherton	118	17	0	19,016	1·50
32	Golborne	57	16	11	9,257⅓	1·50
34	Worsley	56	9	7	9,037⅔	1·50
		£1,567	15	7	245,594⅓	1·53d.

The following Table shows the number of individual children who have been provided with milk and/or mid-day meals :—

Township.	Number of Individual Children who received—	
	Milk only.	Mid-day meals and Milk.
Dalton-in-Furness	468	...
Ulverston	254	...
Ulverston R.D.	213	...
Carnforth	61	...
Lancaster R.D.	196	...
Lunesdale R.D.	55	...
Preesall	27	...
Garstang R.D.	132	...
Fleetwood	630	...
Poulton-le-Fylde	70	...
Thornton Cleveleys	248	...
Fylde R.D.	83	...
Kirkham	169	...
Fulwood	2	...
Longridge	85	...
Preston R.D.	98	...
Walton-le-Dale	118	...
West Lancashire R.D.	341	70
Clitheroe R.D.	37	...
Great Harwood	38	184
Clayton-le-Moors	30	136
Church	15	63
Rishton	11	73
Oswaldtwistle	14	172
Blackburn R.D.	116	...
Brierfield	15	76
Burnley R.D.	137	...
Barrowford	46	...
Padiham	63	257
Withnell	13	46
Adlington	28	76
Chorley R.D.	231	121
Leyland	114	...
Ormskirk	470	...
Skelmersdale	214	...
Standish	20	132
Blackrod	78	74
Aspull	401	479
Wigan R.D.	169	...
Upholland	215	...
Orrell	397	...
Billinge	109	...
Abram	252	...
Ashton-in-Makerfield	8	341
Turton	119	...
Westhoughton	...	391
Horwich	17	138
Kearsley	53	378
Little Lever	18	99
Ramsbottom	20	139
Tottington	10	49
Whitefield	13	59
Prestwich	26	65
Littleborough	183	5
Milnrow	171	...
Wardle	89	...
Whitworth	216	22
Crompton	265	...

Township.	Number of Individual Children who received—	
	Milk only.	Mid-day meals and milk.
Royton	167	...
Great Crosby	124	...
Litherland	366	...
Formby	54	...
Whiston R.D.	382	...
Huyton	462	...
Prescot	408	...
Rainford	35	...
Haydock	...	270
Newton-in-Makerfield	22	281
Warrington R.D.	74	83
Tyldesley	5	123
Atherton	30	249
Golborne	36	193
Irlam	136	...
Urmston	246	...
Worsley	2	300
Lees	169	...
Denton	166	...
Failsworth	162	...
Droylsden	182	...
Limehurst R.D.	123	...
	12,042	5,144

During the year, Cod Liver Oil and Malt, etc., as shown below, was supplied to school children :—

		£	s.	d.
6,090 lbs. of Cod Liver Oil and Malt ...	... at a cost of	194	15	9
203 bottles of Cod Liver Oil ...	,,	4	18	6
214 bottles of Cod Liver Oil Emulsion	,,	8	7	3
1,110 bottles of Cod Liver Oil (Egg) Emulsion	,,	37	0	0
75 bottles of Aberdeen Emulsion ...	,,	2	17	7
141 tins of Virol	,,	7	1	0
235 bottles of A. & D. Emulsion	,,	12	14	7
2,070 bottles of Cod Liver Oil and Malt with Parrish's Chemical Food	,,	75	19	11
4 bottles of Cod Liver Oil with Parrish's Chemical Food	,,		2	8
14 lbs. of Vitamalt ...	,,		19	10
261 bottles of Ferrated Emulsion	,,	13	1	0
347 packets of A. and D. capsules	,,	8	13	6
7 lbs. of Bemax	,,		8	9
155 tins of Maltoline ...	,,	4	1	10
112 tins of Maltoline and Iron	,,	3	14	8
		£374	16	10

Arrangements for Warming Food and Service of Meals in School.

In view of the isolated position of many of the schools and the comparatively long distances which some of the children attending such schools have to travel before they arrive, the Education Committee has endeavoured to arrange for facilities to be provided for these children to take their mid-day meal in school. The need for this provision is not now so great, in view of the schemes of re-organisation which are maturing, whereby children are transferred from the smaller schools to attend the new or re-organised Senior Schools where ample provision is made for the mid-day meal. In some schools Dining Rooms are provided.

In those schools where a need exists, apparatus is supplied for the purpose. About 180 schools are equipped in such a manner that food can be warmed and a hot drink provided at mid-day for the children.

CO-OPERATION.

(*a*) Co-operation of Parents.

During the year the Medical Officers had 30,334 interviews with parents in elementary schools and clinics and visited 393 homes, whilst the Nurses interviewed in school 1,196 parents and visited 12,382 homes ; 206,225 attendances were made by children of pre-school age at Child Welfare Centres, each one representing an interview of a parent with either Doctor or Nurse.

In addition, the Nurses paid 88,368 visits to the homes of young children, infants or expectant mothers, etc.

The attendance of parents at medical inspection shows a tendency to increase and in certain areas where special invitations were extended to parents to attend the results have been very encouraging. It is intended to extend a special invitation to the parents of all children who are undergoing examination, as it is considered that the advice given by the Medical Officer with regard to school children is reflected in the home in the more careful upbringing of children not yet attending school, and is in this way a truly preventive measure.

(*b*) Co-operation of Teachers.

The co-operation of the teaching profession is of high degree. Teachers willingly place all available facilities at the disposal of the Medical Officers. They are, further, very helpful in bringing before the Medical Officers cases of defect which they themselves have noted and in giving information of a general nature about the children. Their help in the Milk in Schools Scheme is invaluable. In this sphere of activity they have made an important contribution towards the health of the children.

(*c*) Co-operation of School Attendance Officers.

The Attendance Officers continue to perform numerous duties not directly connected with school attendance. The supervision of the employment of children entails work at irregular hours and often on Saturdays and Sundays. Other work connected with the physical welfare of children and with the activities of the School Medical Department continues to increase.

The following table shows some of the figures relating to the School Attendance Officers' duties in 1937 :—

No. of interviews with Medical Officers	1,286
No. of interviews with School Nurses	1,984
No. of visits to homes, arising out of Medical Inspection ...	1,494
No. of cases specially presented to the Medical Officers and School Nurses	1,952
No. of Visits to homes arising out of School Feeding ...	18,731

(*d*) Co-operation of Voluntary Bodies.

Co-operation of voluntary bodies in the work of inspection, following-up, and treatment of the children increases yearly.

Cases of neglect are dealt with by the National Society for Prevention of Cruelty to Children, usually without resorting to prosecution.

Arrangements have been made with many of the voluntary hospitals for the treatment of certain defects amongst school children. In other cases, voluntary bodies see children referred to them without fee and carry out appropriate investigations. Acknowledgement must also be made of the valuable assistance given by the Invalid Children's Aid Association, the Voluntary Association for Mental Welfare, and Child Guidance Clinics.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

The methods and policy of the Committee for ascertaining and dealing with children who are defective have previously been described. The Committee, however, has under consideration the provision of an open-air residential school, and a memorandum by the County Medical Officer on this subject appears at the end of this section.

Blind Children.

The number of children on the Special Register who were considered as blind children in the year 1937 was 93. Of these 20 were totally blind, and 73 had some residual vision.

During the year 6 blind children were reported on, and in the following table the causes of blindness are given.

Myopia	2
Coloboma of Macula	1
Optic Atrophy	1
Cataract and Nystagmus	1
Cataract and Ophthalmia Neonatorum	1
	6

The number of children of Elementary School age maintained in 1937 at the following Institutions for the Blind was 23 boys and 26 girls. The annual cost of maintenance was £2,875 5s. 0d., or an average cost of £58 13s. 7d. a child.

	Boys.	Girls.	Total.
Burnley Blind School	–	1	1
Catholic Blind Asylum, Liverpool ...	2	5	7
Homes for the Blind, Fulwood ...	6	6	12
Liverpool School for the Blind ...	3	4	7
Oldham Blind School	1	1	2
Thomasson Memorial School, Bolton...	4	5	9
Henshaw's Institution, Manchester ...	7	1	8
Sunshine Home, Southport	–	2	2
Court Grange Special School, Abbotskerswell	–	1	1
	23	26	49

DEAF CHILDREN.

On the Register for 1937 there were 103 deaf children, of whom 54 were totally deaf, and 49 had residual hearing.

During the year 12 deaf children of Elementary School age were reported on. The causes of their deafness were :—

Congenital	7
Otorrhœa	1
Cerebral Diplegia	1
Otitis Media	1
Following attack of Diphtheria	1
Not known	1
	12

The importance of sending these cases for special training at the earliest age, at four if possible, cannot be sufficiently impressed on parents and teachers ; time lost at the beginning can never be recovered.

During 1937 there were in attendance at the Special Certified Schools or Classes for the Deaf 44 boys and 34 girls, as shown below. The annual cost of maintenance was £5,258 0s., or an average cost of £67 8s. 2d. a child.

	Boys.	Girls.	Total.
Burnley Deaf School	1	2	3
Liverpool School for the Deaf... ...	6	7	13
Royal Schools for the Deaf, Manchester	16	11	27
St. John's Institution, Boston Spa ...	3	3	6
Thomasson Memorial School, Bolton...	5	3	8
Royal Cross Schools for the Deaf, Preston	11	7	18
Oldham Deaf School...	2	1	3
	44	34	78

EPILEPTIC CHILDREN.

On the Register there are noted 37 children as suffering from severe Epilepsy. Eleven of these children are maintained at Institutions for Epileptics, at a cost of £617 2s., or an average cost of £56 2s. a child.

MENTALLY DEFECTIVE CHILDREN.

In 1937 there were 371 children noted in the Elementary Education Area as being feeble-minded. In addition, 28 children were notified to the Local Control Authority, in this case the Lancashire Asylums Board, as being ineducable.

EDUCATION OF THE BLIND.

The education of the Blind has been fully described in a previous Report. It is still necessary to point out that Blind Children educated at Special Schools are not necessarily Blind Persons when they reach school leaving age. For a few years before leaving school special attention is directed towards securing a partial vocational training for these children, so that they are not discharged into a world which is unwilling or unable to receive them.

During the past year the Lancashire Education Committee paid the training fees in respect of 71 students. The following table shows the Institutions the trainees attended, and also the occupations for which they were being trained.

Liverpool School for the Blind, Hardman Street.

	Males.	Females.
Basket Making	3	–
Chair Seating and Light Basketry	–	1
Machine Knitting and Chair Caning	–	2
Chair and Rush Seating, Light Basketry and Round Machine Knitting	–	1
Machine Knitting	–	1
Total	3	5

Catholic Blind Asylum, Liverpool.

Hand and Machine Knitting and Chair Seating	–	3
Basket Making	1	–
Total	1	3

Blackburn Workshops for the Blind.

Brush Making	3	–
Machine Knitting	–	5
Total	3	5

Burnley Workshops for the Blind.

Machine Knitting	–	1
Basket Making	4	–
Basket Making and Rush Seating	1	–
Total	5	1

Bolton Workshops for the Blind.

Skip Making	3	–
Basketry	–	2
Mat Making	5	–
Total	8	2

Henshaw's Institution for the Blind, Manchester.

Machine Knitting	–	7
Brush Making	3	–
Basket Making	4	1
Boot Repairing	1	–
Furniture Making	1	–
Knitting, Basketry and Chair Seating	–	1
Mat Making	2	–
Chair Seating and Light Basketry	–	2
Skip Making and Repairs	1	–
Total	12	11

Homes for the Blind, Fulwood.	Males.	Females.
Basket Making	1	–
Brush Making	3	–
Boot Repairing	1	–
Machine Knitting	–	2
Flat Knitting and Chair Caning	–	1
Light Basketry	–	1
Total	5	4

Wigan Workshops for the Blind.		
Skip Making	2	–
Total	2	–

Royal Normal College, London.		
Shorthand and Typewriting	–	1
Total	–	1

Totals, Males	39
Totals, Females	32
Total ...	71

TRAINING OF DEAF PERSONS.

During the year seventeen Deaf Persons received secondary education at the Royal Residential School for the Deaf, Old Trafford.

COUNTY MEDICAL OFFICER'S MEMORANDUM ON THE PROVISION OF A RESIDENTIAL OPEN AIR SCHOOL.

Short History.

Open air movements have existed in various forms for a very long time, but it was only at the beginning of the present century that Open Air Schools came into being. At that time the Berlin Education Authority proposed to transfer its backward children to special backward classes. The school doctor, however, noticed that many of these children were weak and anæmic, and strongly recommended for them open-air treatment in suitable surroundings, with good feeding and supervision. As a result of his recommendation the first Open Air School was established in 1904 in the pine woods of Charlotteburg. London followed Berlin's example and since then a large number of authorities have provided similar schools.

In the beginning the schools were provided for day scholars only. Gradually authorities provided *Residential* Open Air Schools.

The last available report of the Chief Medical Officer of the Board of Education gives the number of day Open Air Schools in England and Wales as 94 and of Residential Open Air Schools as 52.

The Characteristics of an Open Air School.

Open Air Schools are not merely schools in the open air, where the maximum use is made of all the available fresh air and sunlight. In addition (*a*) a proper and sufficient diet is provided (*b*) rest, which is the necessary antecedent of repair and growth, is ordered as a routine measure (*c*) the hygienic way of life is taught (*d*) medical supervision is provided.

It is evident that considerations of health receive much attention and that education as such does not occupy quite the important position it does in an ordinary public elementary school. The education is less formal, but any loss that might accrue on this account is more than made up by the child's gain in brightness, general interest and pleasure in work and play.

TYPES OF OPEN AIR SCHOOLS.

All schools should in practice be Open Air Schools, and there is an increasing tendency by means of various devices to make them so, but there will always be a need for Special Open Air Schools.

These schools may be divided into two main types—the Day Open Air School, and the Residential Open Air School. An approximation to the residential type is sometimes secured by arranging for the scholars of a Day Open Air School to sleep-in during the summer months.

It may be noted that the type of school which partakes of the nature of a convalescent home, to which children who are convalescent from measles, whooping cough, etc., are sent is not dealt with in this memorandum.

A Day Open Air School accepts responsibility for its scholars from breakfast-time to tea-time. It provides breakfast, dinner and tea, and generally supervises the well-being of the scholars during that time.

A Residential Open Air School accepts responsibility for the scholars both by day and by night. Open air treatment is continuous and the diet, clothing, cleanliness, rest, exercise and sleep of the children are under constant supervision.

These are great advantages and are well worth the additional cost incurred in providing a Residential School. A majority of the children who are recommended for Open Air Schools are the victims of a bad environment, which is often associated with poverty. To allow these children to return for the night to overcrowded, ill-ventilated houses and perhaps an unsuitable meal, would be to prevent the maximum benefit from being derived. The objection that the children would lose touch with the family can be overcome by the granting of occasional week-ends.

SUITABLE CASES FOR OPEN AIR SCHOOLS.

Experience has shown the types of children which will benefit by attendance at an Open Air School, but it is not easy to make a scientific classification. The greater proportion of cases fall under the heading of "debility," but weakness is seldom the only feature. The term is used to indicate poor health in respect of nutrition, posture, energy, etc. Usually associated with it are such conditions as anæmia, enlarged glands, neurosis, etc.

The following classification of suitable types may be made :—

(1) Chronic chest conditions, *e.g.*, chronic bronchitis, fibrosis, bronchiectasis. In these conditions the function of the school is analogous to that of the sanatorium in the treatment of tuberculosis.

(2) Certain types of asthma.

(3) Pretubercular children, including contacts. Cases of healed tuberculosis of the lungs, abdominal glands, and bones.

(4) Debility alone.

(5) Debility associated with anæmia, chronic eye conditions, neurosis, etc.

(6) Cases of subnormal nutrition and malnutrition, and the after-effects of rickets.

(7) Cases requiring after-treatment when discharged from special orthopædic hospital schools.

Cases convalescent from measles, whooping cough, pneumonia, etc., which need only a month or so at the seaside, have not been specified. Further, cases of rheumatism have not been included. There is a fairly general opinion that these cases are not suitable for an Open Air School.

THE RESULTS OF OPEN AIR SCHOOLS.

If the children are suitably chosen the results of an adequate stay in an Open Air School are uniformly satisfactory. The following extracts give an idea of the results which can be obtained :—

(*1*) *Birmingham.*

> "The results achieved in the schools are wonderful to behold. Boys who are described on admission as thin, flabby, anæmic, and so forth, turn in a few weeks into upright, sturdy, brown-skinned specimens."

(*a*) In 1936, 40 boys resident in Open Air School "A" for 5 summer months showed an average gain in weight of 4¾ lbs., and this improvement was continued after their return to their homes in the winter, not one being absent on account of colds or influenza.

(*b*) In 1936, 40 children resident in Open Air School "B" for 5 months in the summer showed an average gain of 4½ lbs., while in the following four winter months, while they were sleeping at home, the gain was only 1¼ lbs. In 1934, the figures were 6 lbs. and 1 lb.

(2) *Preston.*

In 1933, the histories of 100 children discharged from the Open Air School during the years 1926 and 1927 were investigated. " There was no selection of cases beyond the fact that all were considered fit on discharge and no longer suitable for retention at the school on the ground of ill-health, the average length of stay being one year and nine months. 29 of these children had been discharged at the age of 14 and were considered fit for work, the remaining 71 being transferred to their former schools. Their present state of health, from 7—8 years after leaving the school is as follows :—

Satisfactory	81
Fair	16
Very ill (pulmonary tuberculosis)	1
Dead	2 "

Ninety per cent. of the children were in actual employment in spite of prevailing unemployment.

(3) *Stockton-on-Tees.*

" The very remarkable improvement which has been manifest in the physical condition of the children has more than justified the establishment of the school. Concomitant with the physical improvement the teaching staff report that there has also been a marked improvement in the mental alertness and capacity for work of the children."

Briefly, it may be said that the anæmic child improves in regard to his blood, the emaciated child increases in weight, enlarged glands diminish or disappear and lung troubles improve or even vanish. The enfeebled body is restored to a normal condition of nutrition and energy. The children are much happier and have a brighter outlook. Mentally, they are more alert and their capacity for work is greater. Debilitated children are saved from becoming the typical C3 part of the population.

The Open Air School is an institution which has amply justified its existence.

LENGTH OF STAY IN THE SCHOOLS.

The children recommended for Open Air Schools are in a different category from children convalescing from measles, etc. They need a prolonged open air treatment. The exact length of stay in an Open Air School will vary with each child, but it is generally true that no child should stay less than six months and that in the majority of cases a stay of at least a year is desirable. The longer the stay the more likely is permanent benefit to result.

THE SELECTION OF SUITABLE CHILDREN.

It is very important that only cases which are suitable should be admitted to Open Air Schools. There are some children who would receive injury if they were exposed to an open air régime. The admission of these would tend to bring discredit to the school. Further, it would be uneconomical. A careful selection of the children therefore, is a very important matter.

Most large education authorities employ several School Medical Officers. These Officers are in substantial agreement in most medical matters, but inevitably the standard adopted by each in selecting children for Open Air Schools is different. The function of these Medical Officers, therefore, should be to *recommend* children for admission. The final selection should be made by a doctor—a certifying officer—who is well acquainted with the work, and the results of an Open Air School. The final selection should only be made after a full investigation of each child in hospital. In addition to an investigation of a general medical nature, the Schick and Dick tests could be carried out.

A preliminary stay in hospital presents further advantages in that any necessary treatment can be carried out and that it gets over the incubation period of the common infectious diseases.

ADMINISTRATION.

The administrative arrangements should be in the hands of the County Medical Officer, who should ensure that the school is an example of correct living and that the scholars on their return home are able to act as propagandists of its methods.

Nursing Staff.

At the head of the school there should be a trained nurse, designated Matron. She should act under the supervision of the visiting physician. Her duties would comprise the supervision of the general hygiene and cleanliness of the children, treatment of minor ailments, assisting the visiting physician, and helping the teachers to supervise the rest hours, etc., of the children.

The Matron would be assisted by one trained nurse.

The Teaching Staff.

This staff should be specially chosen. To it should be appointed only those teachers whose manner of living, state of general health, and evident interest in hygiene are beyond the average.

Medical Staff.

A visiting physician should be appointed. He should visit the school each week and should examine each child at least once a month. He should order whatever treatment appears to him to be necessary, and should be responsible for the discharge of the children. It would be a great advantage to allot the duties of certifying officer, investigator and visiting physician to one man.

For cases of illness arising suddenly in the school, a doctor in the immediate vicinity should be available.

THE POSITION OF THE ADMINISTRATIVE COUNTY.

In the administrative county there are in public elementary schools 101,291 children in average attendance and in secondary schools, etc., 16,107 children.

In the opinion of the School Medical Officers, 398 of these should be specially selected for admission to an Open Air School. It is very likely that the figure would be much larger if facilities were known to be available. A few years ago, in reply to a questionnaire on Open Air Schools, the Medical Officers estimated that there would be about 700 suitable cases each year. This is a rough estimate, however.

Even more incalculable is the attitude the parents would adopt in the first place towards proposals for the removal of their children to hospital for investigation and to an Open Air School for a prolonged stay.

It happens that administratively a unit of 100 to 120 places is convenient. At least one such unit is necessary in Lancashire, and experience may show that two or even three are necessary. If this proves to be the case, it will be possible to place the schools in different areas in the county and to send to each school the type of case which will receive most benefit in that climate.

In the meantime, however, because of the impossibility of obtaining any accurate figure of the number of children who would be available for admission to a Residential Open Air School it is recommended that only one unit be built.

After considering the Memorandum, the Committee appointed a Sub-Committee to investigate and report.

THE SCHOOL MEDICAL SERVICE IN RELATION TO SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The Secondary Schools number 43, *viz.*, 10 Boys, 7 Girls and 26 Mixed containing in all 15,389 pupils, together with one Day Continuation School and eight Junior Technical Schools whose combined attendance is 866.

MEDICAL INSPECTION.

At present the annual inspection is concentrated particularly on those children who are aged 12 and 15 years. Inspection at other ages is not so rigorous unless there is some indication that it should be so.

In addition to the Medical Inspection of all the Secondary School children in schools " provided " by the County, the services of the staff have been made available for inspection in the six " aided " schools, but to date only three such schools have taken advantage of the facilities.

THE WORK AT ROUTINE VISITS.

(*a*) *Routine Examinations.*

The following table shows the number of routine examinations carried out at each age and at each type of school :—

Age.	No. of Pupils examined.			
	Secondary Schools.		Technical and Continuation Schools.	
	Boys.	Girls.	Boys.	Girls.
8	21	6	...	...
9	21	11	...	...
10	122	142	...	...
11	664	568	...	...
12	1332	761	4	...
13	235	497	147	...
14	267	601	133	...
15	984	573	108	...
16	127	233	19	...
17	30	116	2	...
18	13	29	...	...
19	...	1	...	...
TOTALS ...	3816	3538	413	...

(*b*) *Re-examinations.*

Secondary Schools	1705
Technical and Continuation Schools	113

(*c*) *Parents Interviewed.*

Secondary Schools	864
Technical and Continuation Schools	9

THE WORK DONE AT RE-VISITS.

(*a*) No. of re-visits paid	98
(*b*) No. of children examined	1713
(*c*) No. of interviews with parents	155

FINDINGS OF ROUTINE INSPECTIONS.

Secondary Schools.

The table below gives the findings in percentage form :—

			Boys.							*Girls.*						
			Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19	Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19
No. Examined ....7,354...........			828	1332	235	267	984	127	43	727	761	497	601	573	233	146
Classification of Nutrition.	Excellent		17·5	20·4	16·6	24·3	22·4	23·6	23·3	6·3	8·4	13·1	16·6	14·5	13·3	22·6
	Normal		76·7	72·7	79 ·1	73·8	72·6	74·8	72·1	74·1	74·9	75·6	73·7	79·1	80·7	72·6
	Slightly Sub-normal	T	1·1	1·1	0·4	...	0·6	...	2·3	1·5	1·6	1·2	0·7	0·3	...	0·7
		O	4·6	5·4	3·4	1·9	4·1	1·6	2·3	17·1	14·8	9·9	9·0	5·9	6·0	4·1
	Bad	T	0·1	0·2	0·4	...	0·1	...	...	0·1	...	...	...	...	...	...
		O	...	0·07	...	...	0·2	...	...	0·8	0·3	0·2	...	0·2	...	...
% of **Pupils having Defects**			51·4	40·6	57·4	64·8	40·5	68·5	74·4	58·2	49·5	54·1	55·1	52·0	54·5	51·4
Mental Condition.	Dull and Backward	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Feeble-minded	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Imbeciles	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Idiots	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uncleanliness.	Head	T	...	0·07	0·4	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	1·9	2·1	1·6	1·8	0·7	0·4	...
	Body	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth.	Four or more Carious	T	7·5	6·7	10·2	26·2	6·8	22·0	25·6	10·6	9·9	10·3	12·8	12·4	12·0	11·0
		O	3·3	1·2	2·6	3·4	1·6	7·9	4·7	1·8	1·2	0·6	0·8	0·2	0·4	0·7
	Sepsis	T	0·6	0·4	...	...	0·4	...	...	0·6	0·3	0·2	0·2	0·3	...	...
		O	0·2	0·2	0·8	1·1	0·2	1·6	...	...	...	...	...	...	...	...
Skin.	Ring-worm. Scalp	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Ring-worm. Body	T	...	0·07	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	0·07	...	...	...	...	...	...	...	...	...	...	...	...
	Scabies	T	0·1	...	...	...	0·1	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Impetigo	T	0·1	0·07	0·4	...	...	...	...	...	...	...	0·2	...	...	...
		O	...	0·07	...	...	0·1	...	...	...	...	...	...	...	...	...
	Other Diseases	T	0·4	0·07	...	3·0	0·5	6·3	7·0	0·4	1·3	0·4	1·0	2·3	1·7	0·7
	(Non-Tubercular)	O	0·7	0·4	0·8	1·1	0·7	3·1	2·3	0·1	1·2	1·8	2·7	2·4	3·0	3·4
Eye Diseases.	Blepharitis	T	0·6	0·2	...	0·4	0·3	0·8	...	0·1	0·1	0·2	0·2	...	...	...
		O	0·4	0·3	...	...	0·2	...	...	0·3	0·3	...	0·2	0·2	...	...
	Conjunctivitis	T	0·1	...	...	...	...	0·8	...	0·1	...	0·2	0·2	...	...	...
		O	0·2	0·07	0·4	...	0·1	...	...	...	...	...	...	...	...	...
	Keratitis	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Corneal Opacities	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	0·07	...	...	...	...	...	0·1	...	...	...	...	...	...
	Other Conditions	T	0·2	0·07	0·4	0·7	0·1	...	...	...	0·1	...	...	...	...	...
		O	1·0	...	...	0·7	...	3·1	...	0·1	0·4	0·2	...	...	...	...
	Defective Vision	T	7·4	5·1	7·7	5·6	6·9	7·9	7·0	10·9	10·0	12·1	13·1	13·4	11·6	7·5
		O	9·5	10·7	14·0	13·5	13·4	17·3	34·9	7·4	8·5	13·7	12·1	13·3	15·9	20·5
	Squint	T	...	0·07	...	...	...	...	...	0·1	0·3	0·6	0·5	0·5	...	...
		O	0·7	0·7	0·8	1·1	0·6	2·4	2·3	0·7	1·4	1·2	0·5	0·3	0·4	0·7

				Boys.							*Girls.*						
				Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19	Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19
Ear Diseases.		Defective Hearing	T	0·5	0·3	0·4	1·1	0·1	0·8	...	0·3	0·1	0·2	0·5	0·2	0·9	...
			O	0·7	0·5	0·4	0·7	0·9	...	...	0·3	0·4	1·0	0·5	0·5	0·9	...
		Otitis Media	T	0·4	0·07	0·4	0·7	0·1	...	...	0·3	...	...	0·5	0·2	...	...
			O	...	0·2	...	0·4	0·1	...	...	...	0·3	...	...	...	...	...
		Other Ear Diseases	T	0·2	0·4	0·4	0·7	0·1	...	2·3	0·1	0·3	0·4	0·2	0·2	...	...
			O	0·4	0·4	0·4	...	...	...	2·3	...	...	0·2	0·2	...	...	...
Nose and Throat.		Chronic Tonsillitis	T	1·7	0·7	1·3	2·2	0·7	1·6	4·7	1·5	2·4	0·6	1·3	0·7	0·9	...
			O	6·6	5·2	6·8	3·7	1·9	9·4	4·7	9·5	7·8	6·2	4·5	3·5	5·1	2·7
		Adenoids	T	0·2	...	...	...	...	...	...	0·6	0·1	0·2	...	...	...	...
			O	0·2	0·2	...	...	...	...	...	0·1	0·1	...	0·2	0·2	...	...
		Chronic Tonsillitis and Adenoids	T	0·5	0·4	...	...	0·1	...	...	0·3	0·9	0·4	0·2	0·2	0·4	...
			O	0·5	0·2	0·8	...	...	...	...	0·6	0·1	...	0·2	0·2	...	...
		Other Conditions	T	0·1	0·3	...	...	0·1	...	...	1·9	0·4	0·8	1·3	0·7	1·3	1·4
			O	4·1	1·0	1·3	1·1	1·5	1·6	...	2·3	1·6	2·0	2·3	2·4	1·7	...
Enlarged Cervical Glands			T	0·4	...	...	...	...	...	...	0·1	...	...	0·2	...	0·4	0·7
(Non-Tubercular)			O	3·6	1·9	3·4	6·4	0·4	4·7	...	2·3	0·7	0·8	0·8	0·2	...	...
Defective Speech			T	...	0·07	...	...	0·1	...	...	...	...	...	...	...	...	...
			O	...	0·07	0·8	0·7	...	...	...	0·3	0·1	0·2	0·2	0·2	...	...
Heart and Circulation.	Heart Disease	Organic	T	...	0·07	...	...	...	...	...	...	0·1	0·4	...	0·5	0·4	...
			O	0·4	0·4	...	0·7	0·6	...	...	0·1	0·5	0·6	0·8	0·9	...	...
		Functional	T	...	...	...	...	0·1	...	...	...	0·1	0·2	...	...	0·4	...
			O	1·7	1·4	3·0	3·4	2·0	4·7	4·7	2·9	3·0	1·6	3·0	1·9	1·3	6·2
		Anæmia	T	0·2	0·3	0·4	0·7	0·2	...	...	...	0·1	0·4	1·0	0·7	1·3	...
			O	0·1	0·2	...	...	0·1	...	...	0·7	0·5	1·0	1·0	0·7	1·3	1·4
Lungs.		Bronchitis	T	0·1	0·1	...	...	0·1	...	...	...	0·1	...	...	...	...	...
			O	0·2	0·3	...	...	0·1	...	...	0·4	0·4	0·2	0·2	...	...	...
		Other Non-Tubercular Diseases	T	0·1	0·07	...	...	...	...	...	1·2	0·7	0·2	0·2	...	...	...
			O	0·5	0·2	1·7	...	0·8	...	...	0·8	0·3	0·2	0·3	0·2	...	...
Tuberculosis.	Pulmonary.	Definite	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Suspected	T	...	...	...	...	...	...	...	0·1	0·1	0·2	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	0·3	...	...	...
	Non-Pulmonary.	Glands	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Bones and Joints	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	0·7
		Skin	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Forms	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	0·1	...	...	0·7	...	...	...	...	...	...	...	...	...	...
Nervous System.		Epilepsy	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Chorea	T	...	...	...	...	...	...	...	0·1	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Conditions	T	...	...	...	...	...	...	...	...	...	...	...	0·2	...	...
			O	0·1	0·07	...	...	...	...	...	0·3	0·1	0·4	...	0·2	0·4	...
Deformities.		Rickets	T	...	...	...	...	...	...	...	0·1	...	...	...	...	...	...
			O	0·1	0·2	...	...	...	...	...	...	...	...	...	...	...	...
		Spinal Curvature	T	...	0·1	0·4	...	0·4	...	...	1·9	1·8	1·0	0·5	2·1	2·1	2·1
			O	1·3	0·7	1·3	0·4	0·5	0·8	2·3	0·3	0·7	0·4	0·2	0·2	0·4	0·7
		Other Forms	T	1·0	0·9	0·4	0·4	1·1	1·6	...	3·2	2·4	2·8	1·7	3·3	3·0	6·8
			O	5·0	3·7	3·8	2·6	3·3	2·4	...	3·7	0·7	2·8	1·7	0·9	1·3	2·7
Other Defects and Diseases			T	1·8	0·7	...	1·1	0·1	0·8	...	0·7	0·7	0·4	0·8	1·4	2·1	2·7
			O	6·5	3·1	6·4	7·9	2·2	4·7	9·3	1·1	1·6	1·2	1·5	1·9	4·3	2·7

The following table gives a summary of the visual acuity, as determined by the Snellen Test Types, of all the pupils examined.

Boys.

Age last Birthday.	Number Examined.	6		9		12		18		24		36		60		0	
		R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.
8 9 10 11	828	84·4	83·2	6·0	5·4	2·3	2·8	2·5	3·0	1·8	1·1	1·3	1·7	1·1	1·9	0·5	0·8
12	1332	82·7	82·7	5·6	5·8	3·5	3·1	2·7	2·7	1·6	1·4	1·5	1·6	1·9	2·2	0·4	0·5
13	208	75·5	74·0	3·4	7·2	4·8	4·8	4·8	2·9	3·8	3·4	3·8	2·4	1·4	2·9	2·4	2·4
14	253	79·8	78·3	3·2	3·2	3·2	2·4	3·5	4·7	3·2	4·7	2·4	0·8	3·5	4·3	1·2	1·6
15	979	76·1	78·3	7·3	7·3	5·0	4·8	3·8	2·9	3·2	3·0	1·8	1·2	1·9	1·8	0·8	0·6
16	116	67·2	66·4	6·0	6·9	6·0	7·7	4·3	4·3	5·2	4·3	3·4	3·4	6·0	5·2	1·7	1·7
17 18 19	36	58·3	44·4	...	8·3	5·6	11·1	8·3	2·8	...	8·3	11·1	5·6	8·3	8·3	8·3	11·1

Girls.

Age last Birthday.	Number Examined.	6		9		12		18		24		36		60		0	
		R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.
8 9 10 11	710	78·7	78·6	8·5	8·6	2·8	3·2	2·9	2·4	2·5	2·9	1·8	1·8	1·5	1·0	1·1	1·4
12	747	77·1	77·4	7·6	8·7	4·4	5·1	2·8	2·9	2·8	1·3	1·6	1·5	1·5	1·6	2·1	1·5
13	497	70·8	71·8	8·9	9·3	5·6	5·8	3·6	2·2	2·2	1·8	3·2	2·8	2·4	3·2	3·2	3·0
14	600	75·7	76·7	6·3	5·5	4·2	4·8	4·5	4·5	3·5	2·3	1·8	3·0	2·2	1·3	1·8	1·8
15	563	70·5	69·8	6·9	6·4	4·3	4·4	5·5	5·3	3·7	4·4	3·2	4·3	2·8	2·8	3·0	2·5
16	231	71·9	71·0	7·3	8·2	3·9	5·2	5·2	4·3	2·6	2·6	2·6	1·7	3·5	3·9	3·0	3·0
17 18 19	146	67·8	65·7	10·9	15·1	4·8	6·2	3·4	1·4	2·0	2·7	4·8	2·7	...	2·7	6·2	3·4

TECHNICAL AND CONTINUATION SCHOOLS.

The following table shows in percentages the results of the routine medical inspection of Technical and Continuation Schools.

			Boys.							*Girls.*						
			Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19	Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19
No. Examined ....413.........			...	4	147	133	108	19	2	...	...	...	...	...	...	...
Classification of Nutrition.	Excellent		...	...	21·8	12·0	4·6	...	...	...	...	...	...	...	...	...
	Normal		...	50·0	70·0	80·4	95·4	100·0	50·0	...	...	...	...	...	...	...
	Slightly Sub-normal	T	...	25·0	4·1	0·8	...	...	...	...	...	...	...	...	...	...
		O	...	25·0	4·1	6·0	...	...	50·0							
	Bad	T	...	...	...	0·8	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
% of Pupils having Defects			...	75·0	32·6	38·3	48·1	63·2	50·0	...	...	...	...	...	...	...
Mental Condition.	Dull and Backward	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Feeble-minded	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Imbeciles	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Idiots	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...

				Boys.							Girls.						
				Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19	Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19
Uncleanliness.		Head	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Body	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth.		Four or more Carious	T	...	...	4·1	2·3	11·1	...	...	...	...	...	...	...	...	...
			O	...	...	0·7	1·5	0·9	...	50·0	...	...	...	...	...	...	...
		Sepsis	T	...	...	0·7	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Skin.	Ringworm.	Head	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Body	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Scabies	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Impetigo	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Diseases	T	...	...	0·7	2·3	...	...	...	...	...	...	...	...	...	...
		(Non-Tubercular)	O	...	...	...	0·8	0·9	...	...	...	...	...	...	...	...	...
Eye Diseases.		Blepharitis	T	...	...	...	1·5	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Conjunctivitis	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	0·9	...	...	...	...	...	...	...	...	...
		Keratitis	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Corneal Opacities	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Conditions	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Defective Vision	T	...	25·0	9·5	7·5	4·6	5·3	...	...	...	...	...	...	...	...
			O	...	25·0	7·5	10·5	21·3	10·5	...	...	...	...	...	...	...	...
		Squint	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	0·7	0·8	1·8	5·3	...	...	...	...	...	...	...	...
Ear Diseases.		Defective Hearing	T	...	...	1·4	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	2·0	...	0·9	...	...	...	...	...	...	...	...	...
		Otitis Media	T	...	...	0·7	0·8	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	0·8	...	...	...	...	...	...	...	...	...	...
		Other Ear Diseases	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nose and Throat.		Chronic Tonsillitis	T	...	25·0	0·7	0·8	...	...	...	...	...	...	...	...	...	...
			O	...	...	3·4	5·3	0·9	5·3	...	...	...	...	...	...	...	...
		Adenoids	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Chronic Tonsillitis and Adenoids	T	...	...	0·7	0·8	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Conditions	T	...	...	0·7	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enlarged Cervical Glands			T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(Non-Tubercular)			O	...	...	...	3·0	...	10·5	...	...	...	...	...	...	...	...
Defective Speech			T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart and Circulation.	Heart Disease	Organic	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	5·3	...	...	...	...	...	...	...	...
		Functional	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	0·7	0·8	3·7	15·8	...	...	...	...	...	...	...	...
		Anæmia	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	0·7	1·5	...	...	...	...	...	...	...	...	...	...
Lungs.		Bronchitis	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	0·7	1·5	1·8	...	...	...	...	...	...	...	...	...
		Other Non-Tubercular Diseases	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	2·8	10·5	...	...	...	...	...	...	...	...
Tuberculosis.	Pulmonary.	Definite	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Suspected	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Non-Pulmonary.	Glands	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Bones and	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Joints	O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Skin	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Other Forms	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			O	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Boys.							Girls.						
			Ages 8-11	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19	Ages 8-11.	Age 12.	Age 13.	Age 14.	Age 15.	Age 16.	Ages 17-19
Nervous System.	Epilepsy	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Chorea	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Conditions	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deformities.	Rickets	T	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	0·8	...	...	...	...	...	...	...	...	...	...
	Spinal Curvature	T	...	50·0	...	...	...	...	...	...	...	...	...	...	...	...
		O	...	...	0·7	...	...	...	...	...	...	...	...	...	...	...
	Other Forms	T	...	25·0	3·4	0·8	2·8	...	...	...	...	...	...	...	...	...
		O	...	...	2·0	...	...	...	...	...	...	...	...	...	...	...
Other Defects and Diseases		T	...	25·0	0·7	0·8	...	...	...	...	...	...	...	...	...	...
		O	...	...	...	...	2·8	...	...	...	...	...	...	...	...	...

The following table gives a summary of the visual acuity, as determined by the Snellen Test Types, of all the pupils examined :—

Boys

Age last Birthday.	Number Examined.	6		9		12		18		24		36		60		0	
		R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.
8 9 10 11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12	4	50·0	25·0	25·0	50·0	...	...	25·0	...	...	25·0	...	...	...	...	...	...
13	147	76·9	77·5	4·8	4·8	3·4	3·4	6·1	4·1	1·4	2·0	2·0	2·7	3·4	4·1	2·0	1·4
14	133	75·9	79·7	8·3	6·8	5·3	5·3	1·5	...	0·7	2·2	6·0	3·0	1·5	2·2	0·7	0·7
15	108	79·6	80·5	4·6	8·3	2·8	2·8	4·6	2·8	...	...	3·7	2·8	1·8	0·9	2·8	1·8
16	19	73·7	78·9	5·2	...	10·5	5·2	...	5·2	5·2	...	5·2	5·2	...	...	...	5·2
17 18 19	2	50·0	100·0	...	...	...	...	...	...	...	...	50·0	...	...	...	...	...

TREATMENT.

In most of the cases for which treatment has been recommended the parents can afford to make arrangements for it to be carried out privately. In a few cases, however, they cannot do so. In order that the children may be able to receive treatment the facilities available for Elementary School children are offered to them. There is, however, a limited number of County Council school clinics available, because some of the Secondary Schools are in the areas of Part III. Authorities. To overcome this difficulty arrangements have been made wherever possible with the Part III. Authorities for the attendance of such cases at their clinics on a basis of payment per case or per attendance. At present arrangements exist with Ashton-under-Lyne, Darwen, Morecambe, Stretford and Widnes.

The following tables show in summary form the amount, kind and results of the treatment obtained during 1937 :—

SECONDARY SCHOOLS.

Minor Ailments.

Boys.

DISEASE OR DEFECT.	NUMBER OF PUPILS.								
	Referred for Treatment.	Treated.			Result.			Untreated.	No Information.
		Under Authority's Scheme.	Otherwise.	Total.	Cured.	Improved.	Unchanged		
Skin—									
Ringworm—Scalp ...	...	...	...	...	...	...	...	...	...
Ringworm—Body ...	...	...	...	...	...	...	...	...	...
Scabies	...	...	...	...	...	...	...	...	...
Impetigo	2	...	2	2	2	...	...	...	...
Other Skin Disease ...	8	...	8	8	6	1	1	...	...
Ear Disease	15	3	6	9	3	5	1	6	...
Eye Disease (external and other)	9	1	6	7	5	2	...	...	2
Dental Disease	176	8	99	107	55	50	2	40	29
Other Diseases	29	4	19	23	13	8	2	2	4

Girls.

DISEASE OR DEFECT.	NUMBER OF PUPILS.								
	Referred for Treatment.	Treated.			Result.			Untreated.	No Information.
		Under Authority's Scheme.	Otherwiso.	Total.	Cured.	Improved.	Unchanged		
Skin—									
Ringworm—Scalp ...	1	1	...	1	1	...	...	...	...
Ringworm—Body ...	...	...	...	...	...	...	...	...	...
Scabies	...	...	...	...	...	...	...	...	...
Impetigo	...	...	...	...	...	...	...	...	...
Other Skin Disease ...	21	...	18	18	8	9	1	...	3
Ear Disease	19	5	12	17	8	8	1	1	1
Eye Disease (external and other)	5	1	4	5	4	1	...	...	...
Dental Disease	222	31	117	148	96	40	12	38	36
Other Diseases	132	1	116	117	37	62	18	3	12

Defective Vision and Squint.

	Number of Pupils.													
	Referred for Refraction.	Submitted to Refraction.				Result of Refraction.							Not Refracted.	No Information.
		Under Authority's Scheme—Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.	Under Authority's Scheme—Clinic or Hospital		By Private Practitioner, Hospital or otherwise.		Treatment other than by Glasses.		For whom no treatment was considered necessary.		
						Glasses Prescribed	Glasses Obtained.	Glasses Prescribed	Glasses Obtained	Recommended.	Received.			
Boys	242	57	103	25	185	55	55	114	112	9	9	7	17	40
Girls	383	123	74	113	310	119	40	179	258	...	...	12	27	46

Treatment of Defects of Nose and Throat.

	Number of Pupils.															
	Referred for Treatment.	Received Operative Treatment.												Received other forms of Treatment.	Untreated.	No Information
		Under Authority's Scheme—Clinic or Hospital.				By Private Practitioner or Hospital.				Total.						
		(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)			
Boys	58 ...	2	...	1	1	3	...	8	...	5	...	9	1	1	28	14
Girls	64 ...	2	...	4	1	7	...	1	...	9	...	5	1	21	21	7

(*a*) Tonsils only. (*b*) Adenoids only. (*c*) Tonsils and Adenoids. (*d*) Other defects of Nose and Throat.

Orthopædic and Postural Defects.

	UNDER AUTHORITY'S SCHEME.			OTHERWISE.			
	Residential Treatment with Education.	Residential Treatment without Education	Non-residential Treatment at an Orthopædic Clinic.	Residential Treatment with Education.	Residential Treatment without Education	Non-residential Treatment at an Orthopædic Clinic.	Total Number of Individual Children Treated.
Boys ...	1	...	6	...	...	2	9
Girls ...	...	...	10	...	...	...	10

TECHNICAL AND CONTINUATION SCHOOLS.

Minor Ailments.

Boys.

Disease or Defect.	Number of Pupils.								
	Referred for Treatment.	Treated.			Result.			Untreated.	No Information
		Under Authority's Scheme.	Otherwise.	Total.	Cured.	Improved.	Unchanged		
Skin—									
Ringworm—Scalp ...	...	...	...	...	...	...	...	...	...
Ringworm—Body ...	...	...	...	...	...	...	...	...	...
Scabies	...	...	...	...	...	...	...	...	...
Impetigo	...	...	...	...	...	...	...	...	...
Other Skin Disease ...	3	2	1	3	3	...	...	...	...
Ear Disease	1	1	...	1	1	...	...	...	...
Eye Disease (external and other)	...	...	...	...	...	...	...	...	...
Dental Disease	23	1	11	12	5	7	...	8	3
Other Diseases	...	...	...	...	...	...	...	...	...

Defective Vision and Squint.

	Number of Pupils.													
	Referred for Refraction.	Submitted to Refraction.				Result of Refraction.							Not Refracted.	No information.
		Under Authority's Scheme—Clinic or Hospital.	By Private Practitioner, or Hospital.	Otherwise.	Total.	Under Authority's Scheme—Clinic or Hospital		By Private Practitioner, Hospital, or otherwise.		Treatment other than by Glasses.		For whom no treatment was considered necessary.		
						Glasses Prescribed	Glasses Obtained	Glasses Prescribed	Glasses Obtained.	Recommended.	Received.			
Boys	22	9	4	2	15	6	6	6	6	1	1	2	7	...

Treatment of Defects of Nose and Throat.

	Number of Pupils.															
	Referred for Treatment.	Received Operative Treatment.												Received other forms of Treatment.	Untreated.	No information.
		Under Authority's Scheme—Clinic or Hospital.				By Private Practitionor or Hospital.				Total.						
		(*a*)	(*b*)	(*c*)	(*d*)	(*a*)	(*b*)	(*c*)	(*d*)	(*a*)	(*b*)	(*c*)	(*d*)			
Boys	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

(*a*) Tonsils only. (*b*) Adenoids only. (*c*) Tonsils and Adenoids. (*d*) Other defects of Nose and Throat.

Orthopædic and Postural Defects.

	UNDER AUTHORITY'S SCHEME.			OTHERWISE.			Total Number of Individual Children Treated.
	Residential Treatment with Education.	Residential Treatment without Education.	Non-residential Treatment at an Orthopædic Clinic.	Residential Treatment with Education.	Residential Treatment without Education	Non-residential Treatment at an Orthopædic Clinic.	
Boys ...	...	...	...	...	...	...	...

PARENTS' PAYMENTS.

In the case of minor ailments and dental treatment only a nominal sum is charged. For refractions no charge is made. Payment for all other types of treatment is made according to scales of income.

In regard to Secondary School children, wherever it is known that the parents cannot afford to pay for the treatment privately they are offered the facilities which are available for Elementary School children.

HEALTH EDUCATION.

During the year talks have been given to school children by members of the staff. The following were given during the months of November and December by the County Organising Lecturer :—

Place.	Subject.	Approximate attendance.
Empire Picture Palace Bamber Bridge	Film Lecture—teeth, personal hygiene, posture	350
Senior School, Thornton-Cleveleys	Film Lecture—teeth, personal hygiene, posture	280
Empire Cinema, Whitefield	Film Lecture—teeth, personal hygiene, posture	850
St. Patrick's School, Walton-le-Dale	Film Lecture—personal hygiene, teeth	257

In October and November the Dental Board of the United Kingdom undertook a tour of certain parts of the County. Dental exhibits were shown and explanatory talks given. The exhibits consisted of models showing the structure of the teeth, their growth, the progress of decay, examples of over-crowded, irregular and neglected teeth, diagrams describing the correct method of cleaning, suitable food and so-forth. Trained women demonstrators gave explanatory talks lasting about 20 minutes and the children then examined the models and had them explained in detail. During the tour each of the demonstrators gave, as a rule, three demonstrations daily, each of which lasted about one hour. Some 80 schools were covered by the itinerary and about 9,000 children attended the exhibitions.

SPECIAL INQUIRIES.

The following preliminary paper has been contributed by Dr. R. W. Eldridge. It is to be understood that the opinions expressed are those of the contributor and not necessarily those of the County Medical Officer.

DEFECTIVE HEARING IN SCHOOL CHILDREN AS MEASURED BY THE GRAMOPHONE AUDIOMETER.

The lack of means for accurately testing the extent of deafness and the increasing concern of the community for the welfare of persons, particularly children, with defective hearing, has led, within the last few years, to the perfecting of the gramophone audiometer. With this instrument which is used with standard records, a number of children, usually sixteen, are tested for hearing ability by means of single earphones connected to the gramophone. The records consist of spoken numbers and the intensity of the voice diminishes progressively. The children write down the numbers in spaces on special forms until the voice is too faint for them to hear. Those with good hearing hear most of the faint numbers, while those with very poor hearing may hear only the loudest. Three-figure numbers are used with older children and two-figure numbers for children below the age of 8. There are four series of numbers on each record and the faintest number heard in any one series is taken as the limit of the child's hearing.

Routine audiometric tests with the gramophone audiometer have been carried out extensively since 1930 in New York and London, and in certain other parts of England. It was decided to carry out similar tests among children attending elementary schools in Lancashire in the districts of Westhoughton, Atherton and Tyldesley, including also a secondary school in Leigh. The schools were mixed and included senior and junior departments, but not infants.

In a first survey, 1,928 children were tested, and following the instructions, those showing a loss of nine or more sensation units in one or both ears were re-tested. This second test eliminates those with satisfactory hearing but who do not understand the requirements sufficiently to give a good result at the first attempt. Those who at the second attempt do not reach the above standard are regarded as failures. Of the 1,928 children tested, 299 were found to have some hearing loss in one or both ears. This represents 15·5 per cent., which is very much higher than usual. Excluding the secondary school the figure is 17·3 per cent. The percentage of failures rose rapidly with diminishing age under 11, and it seemed that further tests with additional precautions were necessary before accepting these figures as final.

It was therefore decided to make a second survey, smaller than the first, and confined to the six senior departments for boys and girls in the three districts of Westhoughton, Atherton and Tyldesley. These schools, on the whole, had good facilities for carrying out the test and 1,154 children aged eleven to fourteen years were examined. They were tested at least three times when a defect was shown to be present.

The results were as follows :—

(*1*).

	No. of children tested.	Failed.	Percentage failures.
Girls	550	40	7·3
Boys	604	58	9·6
TOTAL	1,154	98	8·5

(*2*).

NO. OF *Ears* DEFECTIVE.

	9—15 decibels* hearing loss.	18—30+decibels* hearing loss.	Total.
Girls	33	22	55
Boys	54	24	78
TOTAL	87	46	133

* *Note : A decibel is a unit which is used to express the difference between the intensities of any two sounds.*

Of the 98 children with defective hearing, 26 had bilateral defects and 72 had unilateral defects only. Six children had defects of 18 or more decibels hearing loss in both ears. This amount indicates a considerable degree of hearing loss and the children with this loss in both ears represent 0·52 per cent. of the total children tested.

Discussion.

It is now generally agreed that the gramophone audiometer is the only means whereby defects of hearing in large numbers of children can be accurately measured and compared. Difficulties arise in its use with younger children and with older children who are retarded.

With regard to younger children in the preliminary survey of 1,928 children, it was the high number of failures in the 8 to 10 years old group which contributed very largely to the final excessive figure of 15·5 per cent. Further, this figure includes the results from the secondary school where 352 boys from 12 to 18 years of age were tested, with one repetition for those defective on the first test, and the number found with hearing loss in one or both ears was 26, or only 7·4 per cent. It must, therefore, be realised that more care is required in testing younger children whose lack of concentration, nervousness and perhaps backwardness tend to vitiate the result of the test.

The difficulty in the case of older children who are retarded is even more serious for it may be quite impossible to test them with the gramophone audiometer. Some backward children cannot write quickly enough, others who can hear quite well fill up the spaces on the paper with fictitious figures, through lack of ability to concentrate. There is no doubt that the standard records are not suitable for every child though they may be for the great majority. The problem of the best type of record for use with all children, backward and otherwise, is being further investigated.

The results of the gramophone audiometer tests, however, are satisfactory for most children and constitute a great advance on simple voice test methods of estimating deafness. G. F. Crowden (1) states that in a preliminary survey in Hornsey, 6·6 per cent. of children were found to have defective hearing as against 0·42 per cent. by ordinary routine methods. A. G. Wells (2) similarly found that in over 40,000 children in the County of London, 7·8 per cent. showed hearing loss. D. Caplin (3) in New York, where this method has been used very extensively, puts the figure at 3—4 per cent.

Several authorities in this country are now using the gramophone audiometer and there is every reason for recommending its routine use.

Having ascertained the children with hearing loss, and, if possible, submitted them to a supplementary examination with the pure tone audiometer, there are two matters to be pursued. Firstly, the defective ears must be treated, if necessary, to avoid deafness in later life, and secondly, if the hearing loss is severe the child's environment may be found to be wrong. With regard to this second point, the difficulty is to provide facilities for the partially deaf. Whether or not it is practicable to provide lip-reading classes for children on the large scale as is done in New York, it certainly seems desirable. There are large numbers of children who are not sufficiently deaf to be admitted into a special school, but who need some assistance to enable them to make full use of their opportunities for education.

Note.

This report is in the nature of a survey, taking as a sample children in a certain area in Lancashire. Clinical details of the individual cases and results of treatment are not yet complete and have not been included. It is hoped that these details will form part of a later supplementary report which will also consider the relative value of the different records which are in use with the gramophone audiometer.

The work has been made possible through the kindness of Mrs. I. R. Ewing, head of the Department of Education of the Deaf, University of Manchester, in loaning the instrument.

References.

(1) Crowden, G. P. (1934). British Medical Journal 11. 323.
(2) Wells, A. G. (1935). Ann. Report, L.C.C., 111, Pt. 11. 17.
(3) Caplin, D. (1937). Amer. Annals of the Deaf. 234.

MISCELLANEOUS.

During 1937, 147 Bursars and 159 candidates for Bursaries were medically examined.

The year saw an increase in the number of children examined under the Children and Young Persons Act, 1933. They numbered 914, of whom 28 were referred on account of delinquency and 886 for an opinion as to their fitness for certain work while still attending school.

As a result of this Act it became necessary to examine in certain cases juvenile delinquents with a view to assessing and reporting on their mental and physical fitness. Assistant County Medical Officers examine (*a*) all cases which are about to be sent to Approved Schools, (*b*) all cases which are sent to a Remand Home, (*c*) all cases prior to their appearance before the magistrates, in which it appears likely that a report will be requested, (*d*) all cases recommended for birching.

Four forms are used in dealing with these cases—the first gives the School Record, the second deals with the Home Surroundings, the third deals with the School Record and Other Information, while the fourth is a Medical Report. Broadly speaking this Report gives the Medical Officer's opinion of the physical and mental state of the child.

In the cases of (*b*) and (*c*) the Reports are intended as a help to magistrates in coming to a decision as to the best course to adopt with the juvenile delinquent.

Each year all the children who are about to attend a school camp are examined by the School Medical Inspectors. The purpose of the examination is to make sure that no child who attends the camp will convey an illness to any other child, and that the child himself is in a suitable state of health to benefit by going to camp.

Considerable disappointment has sometimes been experienced by boys desirous of entering the Royal Air Force as Boy Entrants or Aircraft Apprentices, owing to their rejection on medical grounds by the Service Examiners. It frequently happens that boys have in mind Royal Air Force careers for some years before they are old enough to enter the Service, and during these years they direct their energies to that end. In order to eliminate, as far as possible, rejection on medical grounds, the School Medical Officer has agreed to co-operate with the Air Ministry by arranging for a preliminary medical examination of candidates nominated by the Director of Education.

From time to time the School Medical Officer, at the request of the Director of Education, arranges for the medical examination of school teachers whose health has broken down. These examinations are usually arranged in consultation with the patients' private medical adviser. During the past year four elementary school teachers were medically examined and reported on by members of the medical staff.

Under the Child Life Protection sections of the Public Health Act, 1936, any person who undertakes for reward the nursing and maintenance of a child under the age of nine years apart from his parents, such child not being naturally related to, or legally adopted by that person, is required to give notice thereof to the Welfare Authority, and it is the duty of the Authority to make inquiry from time to time whether there are any persons residing in its area who undertake the nursing and maintenance of foster children. Under the powers conferred by this Act, the School Nurses and Health Visitors have been authorised to act in the capacity of Child Protection Visitors and to examine any foster children and the premises in which they are kept in order to satisfy themselves as to the health and well-being of the children and to give any necessary advice or directions as to the care of their health and maintenance. During 1937 the School Nurses and Health Visitors saw 150 children who were being maintained by foster-parents, making a total of 430 visits for this purpose.

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE ROUTINE INSPECTION OF ELEMENTARY SCHOOLS CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1937.

TABLE I.—Medical Inspection of Children Attending Public Elementary Schools.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups—

Entrants	13,938	
Second Age Group	11,943	
Third Age Group	10,381	
Number of other Routine Inspections ...	—	
Total		36,262

B.—Other Inspections.

Number of Special Inspections	35,812	
Number of Re-inspections	45,234	
Total		81,046

C.—Children Found to Require Treatment.

Number of *Individual Children* found at *Routine* Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	Defective Vision (excluding Squint).	All other Conditions.	Total.
Entrants	39	1729	1761
Second Age Group	684	1116	1711
Third Age Group	699	984	1598
Other Routine Inspections ...	—	—	—
Total	1422	3829	5070

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

	Defect or Disease.	Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
Skin.	Ringworm—				
	Scalp	4	...	56	6
	Body	15	...	71	...
	Scabies	31	3	275	7
	Impetigo	173	22	1465	15
	Other Diseases (Non-Tuberculous)	343	206	2002	108
Eye.	Blepharitis	199	104	401	50
	Conjunctivitis	71	125	348	62
	Keratitis	2	1	14	1
	Corneal Opacities	1	12	2	8
	Other Conditions (excluding Defective Vision and Squint) ...	44	62	287	67
	Defective Vision (excluding Squint)	1422	1722	1453	634
	Squint	249	365	347	159

TABLE II.—Continued.

	Defect or Disease.	Routine Inspections. No. of Defects. Requiring Treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring Treatment.	Special Inspections. No of Defects. Requiring Treatment.	Special Inspections. No of Defects. Requiring be kept under observation, but *not* requiring Treatment.
Ear.	Defective Hearing	68	119	227	94
	Otitis Media	118	29	559	23
	Other Ear Diseases	245	73	702	56
Nose and Throat.	Chronic Tonsillitis only ...	786	3109	1039	1300
	Adenoids only	38	110	107	112
	Chronic Tonsillitis & Adenoids	453	351	1305	287
	Other Conditions	168	1036	981	714
	Enlarged Cervical Glands (Non-Tuberculous)	51	2233	255	777
	Defective Speech	13	199	32	74
Heart and Circulation	Heart Disease—				
	Organic	30	180	36	66
	Functional	13	871	23	624
	Anæmia	100	133	337	49
Lungs.	Bronchitis	273	474	472	175
	Other Non-Tuberculous Diseases	10	257	84	120
Tuberculosis.	Pulmonary—				
	Definite	...	2	1	4
	Suspected	...	8	7	5
	Non-Pulmonary—				
	Glands	10	27	26	21
	Bones and Joints ...	3	6	4	8
	Skin	1	6	4	1
	Other Forms	2	17	3	10
Nervous System.	Epilepsy	2	7	8	20
	Chorea	5	17	62	57
	Other Conditions	5	38	77	40
Deformities	Rickets	36	147	31	120
	Spinal Curvature	64	146	39	30
	Other Forms	325	858	374	240
	Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) ...	444	824	5410	1238
	Total	5817	13899	18926	7382

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	13,938	1,165	8·36	11,772	84·46	961	6·89	40	0·29
Second Age-Group ...	11,943	1,211	10·14	9,542	79·90	1,151	9·64	39	0·32
Third Age-group ...	10,381	1,372	13·22	8,293	79·88	682	6·57	34	0·33
Other Routine Inspections ...	...	...	...	...	...	...	...	...	...
TOTAL	36,262	3,748	10·34	29,607	81·65	2,794	7·70	113	0·31

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
14	...	...	6	20

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
27	...	30	...	16	73

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
38	4	...	12	54

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
24	...	20	...	5	49

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
7	325	...	39	371

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10	1	2	24	37

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis.

(Including Pleura and Intra-thoracic Glands.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
16	9	3	16	44

II.—Children Suffering from Non-Pulmonary Tuberculosis.

(This category includes Tuberculosis of all sites other than those shown in (I.) above.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
45	132	2	82	261

B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	282	1	68	351

C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
45	452	...	115	612

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	101	1	45	147

TABLE III (*Continued*).—Children Suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blindness and Mental Defect	...	...	...	5	5
Blindness, Mental Defect and Epilepsy	...	...	...	1	1
Blindness, Mental Defect and Crippling	...	...	...	1	1
Deafness and Mental Defect	...	...	1	4	5
Mental Defect and Epilepsy	...	3	...	14	17
Mental Defect and Active Tuberculosis	...	...	...	1	1
Mental Defect and Crippling...	...	10	...	30	40
Mental Defect and Heart Disease	...	...	...	1	1
Mental Defect, Active Tuberculosis and Crippling...	...	...	...	1	1
Mental Defect, Epilepsy and Crippling	...	...	...	6	6
Epilepsy and Crippling ...	...	2	...	1	3
Active Tuberculosis and Crippling...	...	...	...	1	1
Crippling and Heart Disease	...	2	...	...	2
	...	17	1	66	84

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1937.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect.	No. of Defects treated or under Treatment during the year.		
	Under Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp—			
(i.) X-Ray Treatment.	10	...	10
(ii.) Other Treatment	58	5	63
Ringworm—Body	95	5	100
Scabies	278	8	286
Impetigo	2254	17	2271
Other Skin Disease	1281	58	1339
Minor Eye Defects	1340	37	1377
Minor Ear Defects	1297	60	1357
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.). ...	9612	516	10128
Total	16225	706	16931

Group II.—Defective Vision and Squint.

(excluding Minor Eye Defects treated as Minor Ailments).

DEFECT OR DISEASE.	NO. OF DEFECTS DEALT WITH.			NO. OF CHILDREN FOR WHOM SPECTACLES WERE :—			
				Prescribed.		Obtained.	
	Under the Authority's Scheme.	Otherwise.	Total.	Under the Authority's Scheme.	Otherwise.	Under the Authority's Scheme.	Otherwise.
Errors of Refraction (including Squint)	6739	167	6906	4821	167	4353	166
Other Defect or Disease of the Eyes	265	5	270				
Total	7004	172	7176	4988		4519	

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
RECEIVED OPERATIVE TREATMENT.												Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital. apart from the Authority's Scheme.				Total.					
(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)		
243	39	1921	—	9	2	102	4	252	41	2023	4	15	2335

(*a*) Tonsils only. (*b*) Adenoids only. (*c*) Tonsils and Adenoids. (*d*) Other defects of Nose and Throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopædic clinic.	
Number of Children Treated ...	114	43	1290	3	9	9	1361

Group V.—Dental Inspection and Treatment.

		Number	Total
(1) No. of children inspected by the Dentist—			
(*a*) Routine Age Groups	Age 5	6404	49340
	Age 6	5677	
	Age 7	5671	
	Age 8	5393	
	Age 9	5522	
	Age 10	5247	
	Age 11	5018	
	Age 12	4864	
	Age 13	4713	
	Age 14	831	
(*b*) Specials			9922
(*c*) Total (Routine and Specials)			59262
(2) Number found to require treatment			41504
(3) Number actually treated			29215
(4) Attendances made by children for treatment			48699
(5) Half-days devoted to	Inspection	487	5851
	Treatment	5364	
(6) Fillings	Permanent teeth	18370	19080
	Temporary teeth	710	
(7) Extractions	Permanent teeth	14317	68293
	Temporary teeth	53976	
(8) Administrations of general anæsthetics for extractions			8931
(9) Other operations	Permanent teeth	9772	17876
	Temporary teeth	8104	

Group VI.—Uncleanliness and Verminous Conditions.

(1) Average No. of visits per school made during the year by the School Nurses	6·19
(2) Total No. of examinations of children in the Schools by School Nurses	197389
(3) No. of *individual* children found unclean by Nurses at re-visits	9733